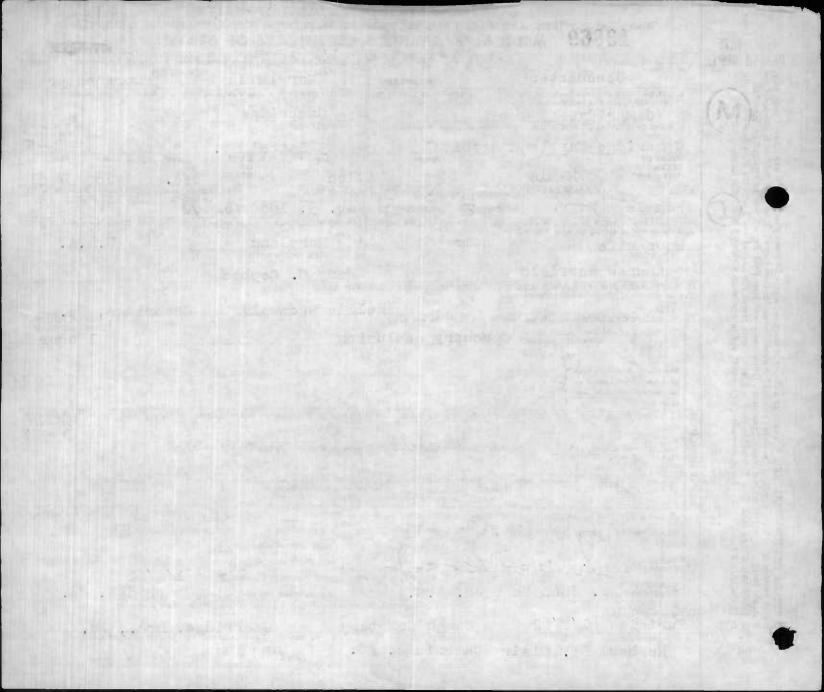
startificate should be executed within 24 hours after.

If any delay is necessary, TH and "pending" in pencil in Item 18. Give Pages 1, 2, and to the funeral director. Page TY and The Examiner's Office along with form PM3. Page 5 may be retained for your files. The be used as a burial-transit permit. File pages 1 and 2 with the State Board of pealth, Item nation, or removal, and in any event within 72 fours after death.

O DEPUTY MEDICAL EXAMINER: This	please execute the certificate, writing the wo		TO	or its designated agent, prior to burial, cren
_ V	5.	A1	5M	( )
	5M	9	60	16

MARYLAND STATE DEPARTMENT OF HEALTH	1468
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE  13853 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	A

a. COUNTY					
a. COUNTY	H	Item 9 film 030			If institution: Rasidence before edmission)
Do	orchester	MARYLAND	a. STATEMary	land b. cou	Dorchester
	if outside corporata limits,	c. LENGTH OF STAY IN 16			ite RURAL end give neerest town)
Cambr	d give nearest town)		13 Cambr	idee	
		ot in hospitel, give street address)	d. STREET ADDRES		e. IS RESIDENCE
Cambridg	e Maryland	Hospital	2 Pat	hal C+	ON A FARM? YES NO K
3. NAME OF	First	Middle	Last	hel St.	
DECEASED (Type or print)	Mamie		Allen	OF DEATH DOG	28 19 61
5. SEX			B. DATE OF BIRTH	19. AGE (In year	28 19 61 s   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Female	NT a seem a	IDOWED A DIVORCED	Feb. 3, 1	880 81 8 Oyrs.	
10a. USUAL OCCUPAT	ION (Giva kind of work	106. KIND OF BUSINESS OR INDUST			12. CITIZEN OF WHAT COUNTRY?
	orking life, even if retirad)	Home	Monal	and	U.S.A.
Housewif	.6	1101110	Maryl		U.D.A.
Andrew	Warfield		Mary C.	Canhon	
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO. 17.		Addre	85
(Yes, no, or unkown)	lf yes giva war or detas of sarvio		771 -		
	DEATH lEnter only one cau	usa par line for (a), (b), and (c).	ellie Brom	well Can	abridge Md BETWEEN
	H WAS CAUSED BY:		ad an		ONSET AND DEATH
14	A 8	Coronary occlus	slon		l hour
	DUE TO				
10					
Conditions, if any	(0)				
Conditions, if any gave rise to immad (a), stating the	iata cause				
gave rise to immad (a), stating the u	DUE TO (c)				
gave rise to immad (a), stating the u causa last.	DUE TO (c)	NS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERA	MINAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
gave rise to immad (a), stating the u causa last.	DUE TO (c)	NS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERA	MINAL DISEASE CONDITION G	
gave rise to immad (a), stating the u	iata cause DUE TO (c)	NS CONTRIBUTING TO DEATH BUT NO DESCRIBE HOW INJURY OCCURED. (			PERFORMED?
gave rise to immad (a), stating the u cause last.  PART II. OTHE  20a. EXTERNAL C. PRIMARY [] or CC CAUSE OF DEATH.	ista cause   DUE TO   (c)   R SIGNIFICANT CONDITION	DESCRIBE HOW INJURY OCCURED. (	(Entar natura of injury in P	Part I or Part II of item 18.)	PERFORMED?
gave rise to immed (a), stating the u cause last.  PART II. OTHER  20a. EXTERNAL C. PRIMARY — or CC CAUSE OF DEATH.  20c. TIME OF INJU Hour s.m.	ista cause DUE TO (c)  R SIGNIFICANT CONDITION  AUSE WAS ONTRIBUTING (C)  JRY Month, Day, Year	DESCRIBE HOW INJURY OCCURED. (  20d. INJURY OCCURRED   20e. PL/ While Not While   fac	(Entar natura of injury in P	Part I or Part II of item 18.)	PERFORMED? YES NO T
gave rise to immad (a), stating the u cause last.  PART II. OTHER  20a. EXTERNAL C. PRIMARY or CC CAUSE OF DEATH.  20c. TIME OF INJU Hour a.m. p.m.	ista cause DUE TO (c)  R SIGNIFICANT CONDITION  AUSE WAS DITRIBUTING (C)  JRY Month, Day, Year	DESCRIBE HOW INJURY OCCURED. (  20d. INJURY OCCURRED   20e. PL/ While   Not While   fac.   fac.   fac.   fac.   fac.   fac.	Enter neture of injury in P ACE OF INJURY (Home, fa tory, street, office bldg., a	Pert I or Part II of item 18.)	YES NO (County) (State)
gave rise to immed (a), stating the u cause last.  PART II. OTHE  20a. EXTERNAL C. PRIMARY Or CC CAUSE OF DEATH.  20c. TIME OF INJU Hour a.m. p.m.  21. I certify the	ista cause   DUE TO (c)   CO   CO   CO   CO   CO   CO   CO   C	DESCRIBE HOW INJURY OCCURED. (  20d. INJURY OCCURRED 20e. PL/ While 1 work 1 et work 1	Enter neture of injury in PACE OF INJURY (Home, fatory, street, office bldg., a	Pert I or Part II of item 18.)  orm, 20f. (City or town)  lnspection X, Inqu	(County) (State)
gave rise to immed (a), stating the u cause last.  PART II. OTHE  20a. EXTERNAL C. PRIMARY Or CC CAUSE OF DEATH.  20c. TIME OF INJU Hour a.m. p.m.  21. I certify the	ista cause DUE TO (c)  R SIGNIFICANT CONDITION  AUSE WAS DITRIBUTING (C)  JRY Month, Day, Year	DESCRIBE HOW INJURY OCCURED. (  20d. INJURY OCCURRED 20e. PL/ While 1 work 1 et work 1	Enter neture of injury in PACE OF INJURY (Home, fetory, street, office bldg., a eld an Autopsy, cide, Homicide	Pert I or Part II of item 18.)  strm, 20f. (City or town)  tc Inspection X, Inque  Undetermined	(County) (State)
gave rise to immed (a), stating the u cause last.  PART II. OTHE  20a. EXTERNAL C. PRIMARY Or CC CAUSE OF DEATH.  20c. TIME OF INJU Hour a.m. p.m.  21. I certify the	ista cause   DUE TO (c)   CO   CO   CO   CO   CO   CO   CO   C	DESCRIBE HOW INJURY OCCURED. (  20d. INJURY OCCURRED 20e. PL/ While 1 work 1 et work 1	(Enter neture of injury in PACE OF INJURY (Home, factory, street, office bldg., all cide, Homicide, Homicide, ASSISTANT MASSISTANT MASSISTA	Pert I or Part II of item 18.)  orm, 20f. (City or town) tite.   Inspection X, Inque D, Undetermined IL EXAMINER D	(County) (State)
gave rise to immad (a), stating the ucausa last.  PART II. OTHE  20a. EXTERNAL C. PRIMARY or CC CAUSE OF DEATH.  20c. TIME OF INJU Hour a.m. 21. I certify to death resulted	ista cause   DUE TO (c)   CO   CO   CO   CO   CO   CO   CO   C	DESCRIBE HOW INJURY OCCURED. (  20d. INJURY OCCURRED 20e. PL/ While 1 work 1 et work 1	(Enter neture of injury in 8  ACE OF INJURY (Home, factory, street, office bldg., a  eld an Autopsy, cide, Homicid- CHIEF MEDICA M.D. ASSISTANT M	Pert I or Part II of item 18.)  orm, 20f. (City or town)  ord, Inspection X, Inque  ord, Undetermined  IL EXAMINER   EDICAL EXAMINER	PERFORMED? YES NO (State)  (County) (State)  PREFORMED?  (State)
gave rise to immad (a), stating the ucause last.  PART II. OTHE  20a. EXTERNAL C. PRIMARY or CC CAUSE OF DEATH.  20c. TIME OF INJU Hour a.m. p.m.  21. I certify to death resulted  ACTUAL	ista cause inderlying DUE TO (c) (c) R SIGNIFICANT CONDITION  AUSE WAS DITRIBUTING (C)	DESCRIBE HOW INJURY OCCURED. (    20d. INJURY OCCURRED   20e. PL/ While   Not While   fac et work   st work   fac et work   Accident   Suice	(Enter neture of injury in PACE OF INJURY (Home, fettery, street, office bldg., a eld an Autopsy), cide, Homicide, CHIEF MEDICA, ASSISTANT M. DEPUTY MEDICA	Pert I or Part II of item 18.)  orm, 20f. (City or town)  ord, Inspection X, Inque  ord, Undetermined  IL EXAMINER   EDICAL EXAMINER	(County) (State)  irry, and in my opinion manner  DATE SIGNED
gave rise to immad (a), stating the u cause last.  PART II. OTHE  20a. EXTERNAL C. PRIMARY   or CC CAUSE OF DEATH.  20c. TIME OF INJU Hour a.m. p.m.  21. I certify the death resulted  ACTUAL SIGNATURE EXAMINATS NAME (Type)  22a. BURIAL, CREMATIC	ista cause indarlying DUE TO (c) CO R SIGNIFICANT CONDITION (c) AUSE WAS DITRIBUTING DITRI	DESCRIBE HOW INJURY OCCURED. (  20d. INJURY OCCURRED 20e. PL/ While Not While et work at work he remains described above, he as X. Accident . Suice	(Enter neture of injury in PACE OF INJURY (Home, fettery, street, office bldg., a eld an Autopsy), cide, Homicide, CHIEF MEDICA, ASSISTANT M. DEPUTY MEDIC	Pert I or Part II of item 18.)  Inspection X, Inque Undetermined  LEXAMINER DEDICAL EXAMINER DEDICAL EXAMINER 1	(County) (State)  (County) (State)  OPERFORMED?  YES NO 3
gave rise to immad (a), stating the ucause last.  PART II. OTHE  20a. EXTERNAL C. PRIMARY or CC CAUSE OF DEATH.  20c. TIME OF INJU- Hour s.m. p.m.  21. I certify the death resulted  ACTUAL SIGNATURE EXAMINATS NAME (Type)	ista cause indarlying DUE TO (c) CO R SIGNIFICANT CONDITION (c) AUSE WAS DITRIBUTING DITRI	DESCRIBE HOW INJURY OCCURED. (  20d. INJURY OCCURRED 20e. PL/ While of work st work he remains described above, he remains described above, he compared to the	ACE OF INJURY (Home, factory, street, office bldg., seld an Autopsy, cide, Homicide, ASSISTANT M, DEPUTY MEDICA, Address (Street, CREMATORY	Inspection , Inque Description , Inque Undetermined LEXAMINER  LEX	(County) (State)  (County) (State)  Output  (County) (State)  Output  (County) (State)
gave rise to immad (a), stating the ucause last.  PART II. OTHER  20a. EXTERNAL C. PRIMARY or CC CAUSE OF DEATH.  20c. TIME OF INJU- Hour a.m. p.m. 21. I certify the death resulted  ACTUAL SIGNATURE EXAMINATS NAME (Typa)  22a. BURIAL (REMATIC REMOVAL (Spacify BUR 1 a 1  23. FUNERAL DIRECTOR	DUE TO (c)  R SIGNIFICANT CONDITION  AUSE WAS DITRIBUTING   20b.  JRY Month, Day, Year  19 hat I took charge of the from Natural cause  Dr. John Mac DN, 22b. DATE THEREOF  1/2/62	DESCRIBE HOW INJURY OCCURED. (  20d. INJURY OCCURRED   20e. PL/ While of work   st work   fec et work   st work    he remains described above, he es X Accident   Suice  Ce Jr M B.  22c. NAME OF CEMETERY O  Waugh Cemet  ADDRESS	ACE OF INJURY (Home, factory, street, office bldg., seld an Autopsy, cide, Homicide, ASSISTANT M, DEPUTY MEDICA, Address (Street, CREMATORY	Pert I or Part II of item 18.)  Inspection X, Inque D, Undetermined  LEXAMINER DEDICAL EXAMINER D  AL EXAMINER X 1/  t, city, town, or county) C 2011	(County) (State)  (County) (State)  Output  (County) (State)  Output  (County) (State)



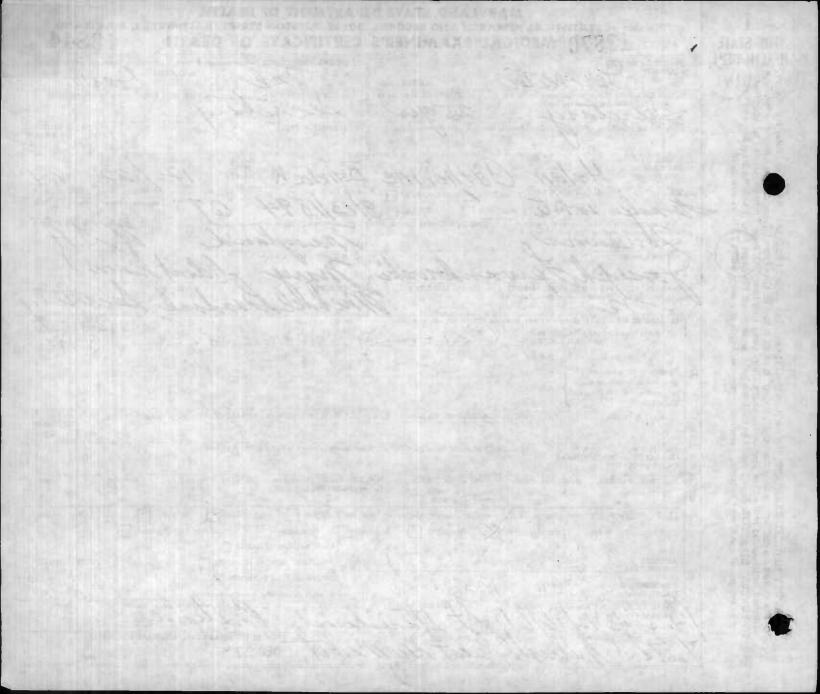
# FOR STATE HEALTH DEP presse execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 — te funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 77 hours after death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3870 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13844

7		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	10	Toky hester MARYLAND	a. STATE b. COUNTY Say,
		b. CITY ON TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside Corporate limits, write RURAL and give nearest town)
3	,	West RURAL end give Decerosi town)	X Sereland
	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give algeet address)	d. STREET ADDRESS   a. IS RESIDENCE
j			ON A FARM?
			YES NO
		NAME OF DECEASED // First // Middla	Lest DATE Month Day Year
		(Type or print) Helen Catherine	Dandock DEATH 12/22 196/
	5.6	6. COLOR 98 RACE 7. MARRIED NEVER MARRIED 8	DAYE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.
_	1	emale white WIDOWED DIVORCED >	13/1894 (ast of holds) Months Days Hours Min.
	10a	. USUAS OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y   11_BIRTHPLACE (State or topoign country)   12. CHEEN OF WHAT COUNTRY?
н	do	ma during most of working life, even tratified	moulend 1114
	13/	FATHER'S NAME	14. MOJHER'S MOIDEN NAME
	1		The Maria
	17	Joseph Lwandowski	mary - ( don not
	146	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. 15. no, or unknown   (Ifyasgiva warordatas ofservica)	NFORMANT/ // Address
		-12	nevall standock secretary
		18. CAUSE OF DEATH  Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	or college Charles
		4201 DUE TO	1 John
н		gave rise to immediate cause	
26		(a), stating the underlying DUE TO	
1		cause last. (c)	A DELATED TO THE TENNINAL DESTATE COURSE OF SHEET HAD AND A MARK A LITERAL
	ğ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED?
	3		YES NO
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (E	inter nature of injury In Part I or Part II of item 1B.)
		CAUSE OF DEATH.	
	MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stale)
	EDI	Hour d.m.	ory, street, office bldg., etc.)
	~	21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection , Inquiry , and in my opinion
		death resulted from: Natural causes Accident . Suici	
			CHIEF MEDICAL EXAMINER
		SIGNATURE ALL MARCE	M.D. ASSISTANT MEDICAL EXAMINER
2		EXAMINER'S DILL MASS S	DEPUTY MEDICAL EXAMINER X
		NAME (Type) / JOHN / TAGE JIC.	Address (Streat, city, lown, or county)
	227	RIMOVAL (Spacify) 22b. DATE THEREOF 22c NAME OF CEMETERY OR	CREMATORY 22d. (OCATION + City, town, or country) (State)
1	Vi	Justal 12/20/61 XV. Stanis	laces // talumore
1	23	FUNERAL DIRECTOR ADDRESS 7	M / 249, REC'D BY REGISTRAR   246, REGISTRAR'S SIGNATURE
1	X	ulls Milorgeby Osst New 11	Caster DEC 27'61 Circles S. Kraus
	K	A #	/ I DAIL



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Jrs a	e fun	2 shc	(
hou	y th	pue	leath
24	inb	-	er o
OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after h. Page 4 may be retained by the hospital or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and content tilled in by the funeral	tor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should	led with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death
<b>P</b>	etely	Sers.	2 ho
Dex		pag 1	7 nin
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ate	an ai	62 6	/ent.
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nay L	JIRE	shou	Stat
4 1	H,	9	the
OSPITAL OR ATTENDING PHYSICIAN: The law requires that h. Page 4 may be retained by the hospital or attending physician.	ERA	pag .	with
P.O.	S	tor	B

	ARYLAND STATE D			OPE 1 MARYLAND
13871	CERTIFICAT			14658
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	ICE (Whare deceased lived, If	institution, Residence before admission)
Dorchester Co.	MARYLAND	a. STATE	b, COUN	
b. CITY OR TOWN (if outside corporate limits.	c. LENGTH OF STAY IN 16	Md,		Dorchester Co.  a RURAL end give neeres! town)
write RURAL and give nearest town)	C. LENGTH OF STAT IN 10	C. CITT ON TOWN	(if ourside corporate filmins, write	RORAL and give neerest lown;
Cambridge, Md.	30 Years	Cambridge,	Md. 13	
d. NAME OF HOSPITAL OR INSTITUTION (if not i	n hospital, give streat addrass)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
114 Talbot Ave.		77) Talk	oot Ave.	YES NO
3. NAME OF first	Middle	Last	4. DATE Month	
DECEASED (Type or print)			OF DEATH D	10 (-
5. SEX   6. COLOR OR RACE	- 80	Barkley	Dec.	31, 19 61
5. SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED 8	Feb. 25. 18	78   J. AGE (In years	Months Deys Hours Min.
MITTOE	OWED DIVORCED	Dec 7-189	. 83 угз.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mail Carrier	U.S. Mail	Maryland		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
William T. Barkley		Amanda	a Ruark	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
(Yes, no, or unkown) (Ifyesgive war or dates of service)				
No		. J. Edward	Walter 114 1	Calbot Ave.
	terioscleroti	c Cardiova	scular disea	interval Between onset and Death 5 years.
DUE TO				
Conditions, if eny, which (b)				
(a), stating the undarlying DUE TO				
ceuse lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING   20b. OR CONTRIBUTING   CAUSE OF DEATH UT (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO X
	DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Pert I or Part II of item 18.)	
Hour e.m.	Od. INJURY OCCURRED 20e, PLA While Not While factor	CE OF INJURY (Home, far ory, street, office bldg., etc	m, 20f. (City or town)	(County) (Stete)
21. I certify that (I) (this hospital) a saw the deceased alive on 12/31				
220. SIGNATURE 200	- S . M	ATTENDING	MED. STAFF DIRECTOR PHYS.	1/1/62 DATE SIGNED,
NAME (Type) John Mace	Jr	22d. ADDRESS	2	
		Cambri	dge, Marylan	d.
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tov	vn or county) (Stete)
Duranial Iam 3 106	a Dorchastan Ma	m Domle	Clambons du-	363

Dorchester Mem. Park

Cambridge, Md.

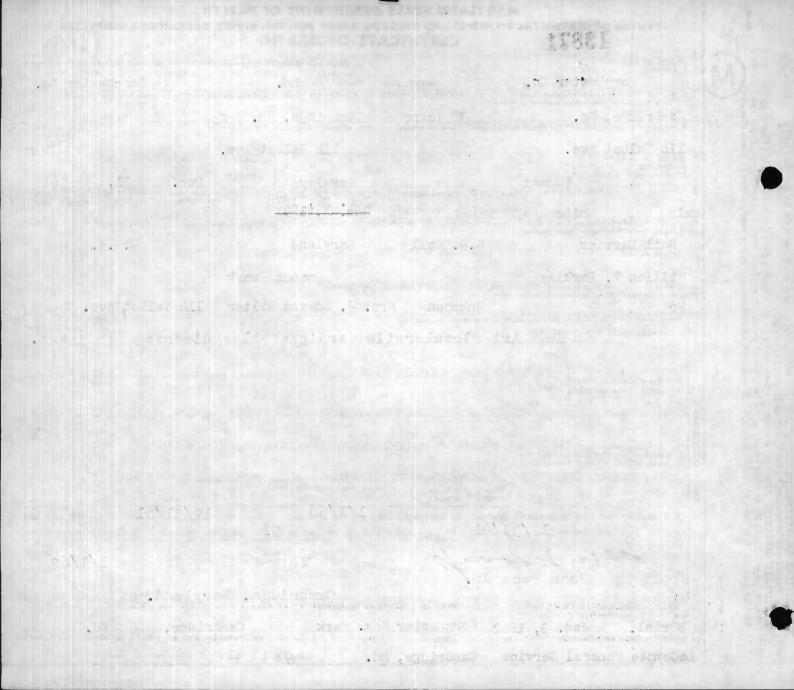
Cambridge, Md.
250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATEAN 1 0 '62

arthur S. Trans

Burial Jan. 3, 1962

LeCompte Funeral Service



VR A15 (4) 15M 9/59

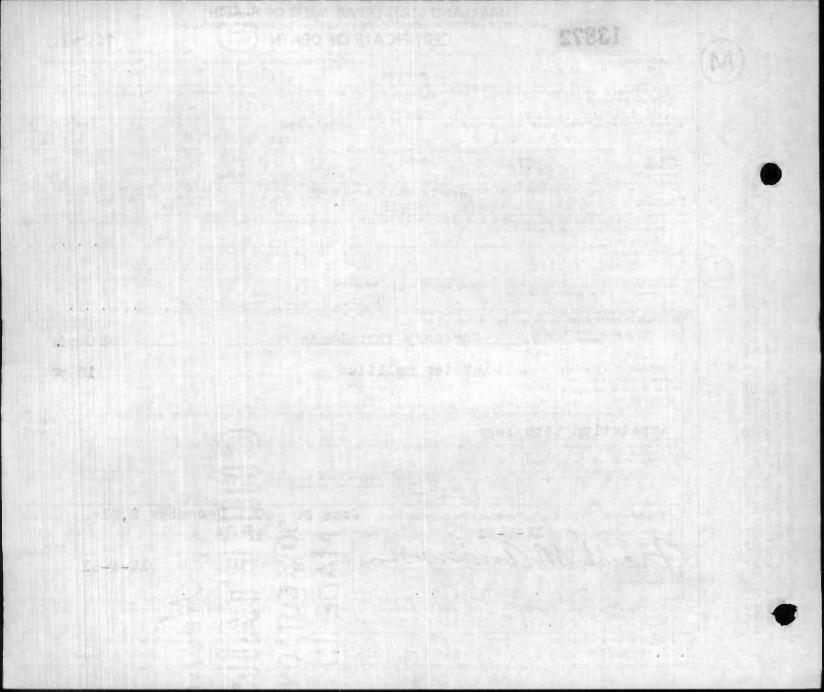
# 13872

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

13845

-													
	PLACE OF DEATH  D. COUNTY	Dorchester		MARY	LAND	2. USUAL RESID	Mary		l lived. If instituti b. COUNTY				ion)
1	RURAL and give	(If autside corporate limi nearest tawn) Sburg - Ruri		c. LENGTH OF STAY		c. CITY OR T			rate limits, write F		give nec	rest town	1)
		ITAL (If not in hospital, g	ive street	address)		d. STREET A		Finch	nville	-07			FARM?
	NAME OF DECEASED Type or print)	Fir Sus:		Middle		Bonner		4. DATE OF DEATH	Dece	ember	<b>D</b> <sub>0</sub>		Yeor 19 61
5. 9	Female	6. COLOR OR RACE Negro	7. MARE	RIED A NEVER MARRIE		Dee. 18			9. AGE (In years lost by thday) yrs.	IF UNDER Manths	Days	Hours	Min.
	Housewer  FATHER'S NAME	ON (Give kind of work orking life, even if retired ork	dane 10b.	Home	R INDUST	Winn 14. MOTHER'S	sboro MAIDEN N	Sout	ountry) ch Carol: name unki	ina		S.A.	COUNTRY?
15. (Yes	WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO		ORMANT DENTY BOD	ner.	Federa	Add	ress Md.	R.F	.D.	
	PART I. DE  2 6 0  Conditions, if gove rise to cause (a), stating lying cause lost	ony, which (bimmediate) DUE TO	Di	Coronary			S				3.0	ET AND	a
ICATION		tion both	leg	S						EN IN PAR	RT 1(a) 1	PERFO	AUTOPSY PRMED?
MEDICAL CERTIFI	(IF EITHER, NOTIF	'AS UNDERLYING ☐  G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)  (RY Manth, Day, Year)	20d. II		20e. PLA	(Enter noture of CE OF INJURY (I pry, street, office	Hame, form,	, 20f. (City		(	County)		(Stote)
	21. I certify th	ot (I) (this hospital used alive an 12.  Frank M.	2-6 U		thot de	ATTENDING	ot 7:3	M, fram		12-	e dote	stoted 22	
23a	BURIAL, CREMATI REMOVAL (Specify Burial	Dec. 5,		23c. NAME OF CEMI 1 Arbutus			r1		imore 27			(Stot	re)
24. J.	FUNERAL DIRECTO	r's signature ptom and So:	n, Fe	ADDRESS ederalsburg	, Mai	cyland		BY REGIST	104	STRAR'S SI			



FOR STATE HEALTH DEPT PEDUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death my delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3-Page 5 may be retained for your filles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A1SME 5M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13973 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13846

1.	PLACE OF DEATH	н				2. USUAL RESIDEN	ICE (Where decease			idence before edmission
		hester		MAI	RYLAND	a. STATE	arvland	b. COUNT		Torcester
	b. CITY OR TOWN (	if outside corporate lim	nits,	c. LENGTH OF S			(If outside corporate	limits, write [		
	Camb	ridge		8yr.lmo.	16da.	Sr	now Hill		12	x,7
	d. NAME OF HOSPI	TAL OR INSTITUTION	(if not in ho	spitel, give streat ac	ddress)	d. STREET ADDRESS			- And I	a. IS RESIDENCE
	Easterr	Shore Sta	te Ho	snital		MINE DIST				YES NO
3.	NAME OF DECEASED	Firs	1	Middle		Last	4. DATE	Month		Day Year
	(Type or print)	Ca	ריין	Andr	au	Bonneville	OF DEATH	Decemi	her	19 19 61
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARI	RIED X   B	. DATE OF BIRTH	9. AG	E (In years   I	F UNDER 1 YE	
	Male	White	WIDOW			9-8-01	last 61		Months De	ys Hours Min.
10	a. USUAL OCCUPAT	ION (Give kind of wor	k 10b. I	CIND OF BUSINESS	OR INDUSTR	Y   11. BIRTHPLACE (State	or foreign country)		12. CITIZE	N OF WHAT COUNTRY
1 "	Watern		ed)			Maryland	d		U.	S.A.
13	. FATHER'S NAME					14. MOTHER'S MAIDEN				
	Carl Bon	neville				Flizabe	th Bradfor	nd		
15		ER IN U.S. ARMED FO	RCES?   16.	SOCIAL SECURITY	NO.1 17. 1	NFORMANT	on bradio	Address		
()	(es, no, or unkown) (I	fyas give wer or dates of	service)			CORDS - Easte	own Shore		Hoeni	+07
=		EATH [Enter only on	CRUIS DOS	ling for (a) (b) and		Ondo - Easte	ern Shore	5646	HOSPI	-
	PART I. DEAT	H WAS CAUSED BY	Mer	ecardial		ddan				ONSET AND DEATH Instant
	11100	IMMEDIATE CAUSE (a)	Ty	ecer are	THE	9.1011				Instant
	Talo	DUE TO	)							
	Conditions, if eny		)							
	(a), stating the u	DILL TO	)							
	cause last.	(c)								
N	PART II. OTHER	SIGNIFICANT COND	TIONS CO	NTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE COND	ITION GIVEN	IN PART 1(4	
15	Carci	nema right	lung	. Chronic	brain	syndrome.				YES NO
CERTIFICATION	200. EXTERNAL CAPRIMARY OF CO		206. DESC	IBE HOW INJURY (	OCCURED. (E	nter nature of Injury In Per	rt I or Part II of Item	18.)		
MEDICAL	20c. TIME OF INJU	RY Month, Day, Ye		INJURY OCCURRED		CE OF INJURY (Home, farm		wn)	(County)	) (Stete)
WEDI	Hour a.m.	10	While two		fact	ory, street, office bldg., etc.	-)			
		nat I took charge	of the ren	nains described	above, he	ld an Autopsy X.	Inspection ,	Inquiry	П. а	and in my opinion
	death resulted f	rom: Natural c	auses 🔀	. Accident	7. Suici	de , Homicide	Undeter	mined mar		
	1				_	CHIEF MEDICAL				
	ACTUAL	4	2	7 —	2	ASSISTANT MED		1		DATE SIGNED
	SIGNATURE	four	7	-	1	M.D DEPUTY MEDICAL				21114 3131122
	EXAMINER'S NAME (Type)	John Mac	e Jr.		0		city, town, or county	()	12	/20/61
22	a. BURIAL, CREMATIO	N, 225 DATE THERI	OF	22c. NAME OF C	EMETERY OR		22d. LOCATION		or country)	(State)
17	SEMOVAL (Specify)	Apr 2111	1/1	130 to 20	That.	Whomato	Oliver.	, 9/6	1/2/	1
2	FUNERAL DIRECTO	R / //9		ADDRESS	TRICLE	2/a. REC	'D BY REGISTRAR	24b. REGIS	TRAR'S SIGN	IATURE
	2	7.11		1 2	10%	.//				
4	10man	A. Wanner	, e	mour/ge	u,n	ALL I DATEC	26'61	Clithu	1 8 That	u.a.

Formsville.

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duroigens wight lane, dimenic certin symitems.

\* 17, En E Din.

10/00/01

June Line

# FOR STATE HEALTH DEP

y delay is necessary, uneral director. Page **IC SPUTY MEDICAL EXAMINER**: This certificate should be executed within 24 hours after death belease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to when a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a Voillal-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME SM 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13874 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1284 13847

. 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased livad, If Institution: Residence before admission)
	o. COUNTY Dorchester MARYLAND	• STATE Maryland b. COUNTY Dorchester
-	b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown)
	write RURAL end give nearest town) Cambridge RFD # 3 8 yrs	Cambridge, RFD # 3
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   a. IS RESIDENCE
1		ON A FARM? YES PR NO
3	. NAME OF First Middle	Lasi 4. DATE Month Dey Yeer
0	(Type or print)	OF DEATH 12/11 19 61
5	George W. Bowen  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
		Last birthdey) Months Deys Hours Min.
1	M   WIDOWED DIVORCED   DIVORCED      OB. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUSTR	12/11/1879   82 yrs.
	done during most of working tife, even if retired)	
-	Retired Telephone Co	Baltimore, Md. USA
1	3. PAINER 5 NAME	14. MOTHER'S MAIDEN NAME
-	Not known	Not known
	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I Yes, no, or unkown)   (Ifyesgivawerordetesofservice)	NFORMANT Address RFD # 3
-		rs. Alice Gorell Bowen, Cambridge, Md.,
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	-) citing / day
4	782.4 DUE TO	
	Conditions, if eny, which (b)	
	geve rise to immediate cause (e), stating the underlying  DUE TO	
	cause lest. (c)	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ATA.		PERFORMED? YES NO
NONTACIBILIAN	200. EXTERNAL CAUSE WAS   206. DESCRIBE HOW INJURY OCCURED. (E	nler neture of injury In Pert I or Pert II of item 18.)
8	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
13	20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stele)
MEDICAL	Hour a.m. While Not While fect	ory, street, office bidg., etc.)
	21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes 7, Accident 7, Suici	
	X 0	CHIEF MEDICAL EXAMINER
	ACTUAL MARIE	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
	SIGNATURE JOHN	M.D. DEPUTY MEDICAL EXAMINER
	EXAMINER'S NAME (Type)	Address (Street, city, town, or county)
2	20. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR	
	Bulling /2/18/6/ Druid Ridge C	amatamy Raltimana Md
1 3	BURINE DIRECTOR ADDRESS,	emetery Baltimore, Md.
6	Paul & Churwith 3617 11.9%	Lee DAPEC 18'67 contrar 8. Krous
6	and a service of solitaring)	T VAIR

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			detective a	1
8	all addressed			
		ns da . Telefo		
	Las contained			
	. North Child			
	Figure 3ce		duplied felt	

	MARYL	AND	STA	TE DEPARTA	E	T OF HEALTH	-BAL	TIMORE, 1	8			
	13875		100	CERTIFIC	AT	E OF DEATH	1	A.		ist. No	139	248
1. PLACE OF DEATH o. COUNTY Dorch	nester Co.			MARYLAND	2.	o. STATE Maryl and	ere deceose	b. COUNTY				sion)
b. CITY OR TOWN RURAL and give Cambrid		s, write		gth of stay in 16 years	1	c. CITY OR TOWN (IF o			URAL ond	give nec	orest town	1)
d. NAME OF HOSP OR INSTITUTION	Cambridge				1	d. STREET ADDRESS	St.					FARM?
3. NAME OF DECEASED (Type or print)	Fin Elizabet		en	Middle Brand		Last	4. DATE OF DEATH	Mon Dece		Do 17	'	Yeor 1961
s. sex Female		7. MARRI		DIVORCED		10-17-89	V.	9. AGE (In years last birthday) 72/1/ yrs.	Months	Days	IF UND Hours	Min.
10a. USUAL OCCUPAT during most of wo none	ION (Give kind of work orking life, even if retired)	ione 10b. I	non		STRY	11. BIRTHPLACE (Stole Kansas				TIZEN C		COUNTRY
13. FATHER'S NAME Unkno	own				ľ	4. MOTHER'S MAIDEN N						
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. S	SOCIAL	SECURITY NO. 17.	NFO			Addi	ress			

(Yes, no, or unknown) 4912-80-415A Walter Brand 137 Race St., Cambridge, Md. no interval Between ONSET AND DEATH 20 minutes 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Cerebral Accident **DUE TO** Arteriosclerosis generalized 1 year Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Circhosis of liver with portal obstruction; Diabetes Mellitus YES K NO

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.)

20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) Doy. Year

(County) (State) factory, street, office bldg., etc.) Not while at work at work . to 12-17-61 21. I certify that I attended the deceased from

and that death occurred at 11 A \_\_M, from the causes and an the date stated above. alive an 12-17-6 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 12-17-61 15 Locust Street

PHYSICIAN'S Eldridge H. Wolff, M.D. Cambridge, Maryland NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

Burial 2-17-61 Greenlawn Cemetery Cambridge. Marylad 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

LeCompte Funeral Service. Cambridge. Md.

DATE EC 2 8 '61

Orthur & Kraus

(Stote)



CERTIFICATE OF DEATH	
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	The second secon

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

ı	3878	CERTIFICATE	OF DE	ATH

		13878		CERTIFICA	TE OF DEATH	4			13	384	9
	PLACE OF DEATH a. COUNTY Do	rchester		MARYLAND	2. USUAL RESIDENCE (W. a. STATE Md.		1 (500 444 1904			e admissi	ian)
	b. CITY OR TOWN (IF RURAL and give nec rural Camb	arest tawn)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carpo	rate limits, write RU	RAL and giv	near	rest town	
E	d. NAME OF HOSPITA OR INSTITUTION Castern Sho	AL (If not in hospital, gore State H			d. STREET ADDRESS					ONA	DENCE FARM? NO X
	NAME OF DECEASED (Type or print)	1 RO	GER	Middle	BROWN	4. DATE OF DEATH	Dec. 8	h	Day		rear 1961
S.	male	6. COLOR OR RACE white	7. MARR	HED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 10/24/77		9. AGE (In years last birthday)	Manths D	YEAR	Haurs	R 24 HRS. Min.
	a. USUAL OCCUPATIO during mast of working Carmer	N (Give kind of work of ing life, even if refired	0	KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (State		auntry)		·S.		OUNTRY?
13.	James Br	rown			14. MOTHER'S MAIDEN Clemer		Marringtor	1			
	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of s			NFORMANT Mospital reco	rds	Addre	188			
	PART I. DEAT	TH [Enter anly one ca TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	Van	ne for (a), (b), and (c).] tricular fibri	llation					RVAL BET ET AND hr.	
	Canditians, if an gave rise to in cause (a), stating t	y, which (b		eriosclerotic	cardiovascula	ar dise	ase		?	year	rs
CATION		er significant con & dehydrat		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERA	MINAL DISEAS	E CONDITION GIVE	N IN PART	1(a) 19	PERFO	RMED?
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	n Part I ar Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yes	20d. II While at war	Nat while for	LACE OF INJURY (Hame, far actary, street, affice bldg., e		y ar tawn)	(Co	ounty)		(State)
	21. I certify that	7.0		ded the deceased fram	9/5 death accurred a3:2	961 , ta_	12/8 the causes and	, 1961 d an the			
	22a. SIGNATURE	100 m	71	lesson	ATTENDING	MED.	STAFF PHYS.		]		DATE / OTE

22c. PHYSICIAN'S NAME (Type) George M. Dunn

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d\_LOCATION (City, town, or county)

E.S.S. Hospital, Cambridge, Md.

22d. ADDRESS

2Sb. REGISTRAR'S SIGNATURE

(State)

24. FUNERAL DIRECTOR'S SIGNATURE

23a BURIAL, CREMATION,

ADDRESS

Orthur S. Krace

VR A1S (4) 15M 9/S9

FOR STATE HEALTH DEPT. EPULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death by delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the State Board of Health, or igs designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. AISME

5M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

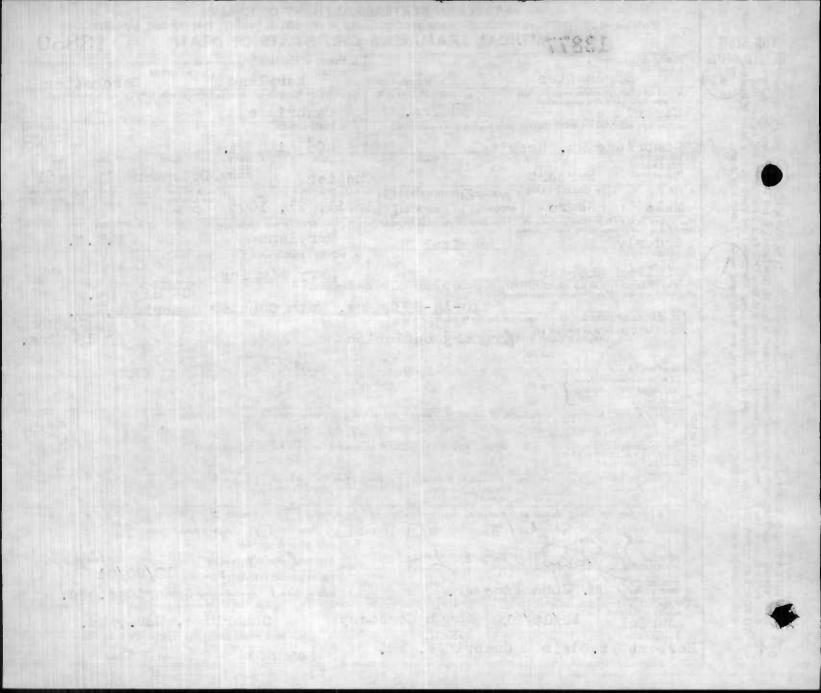
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13850

1387 MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	
--------------	------------	-------------	----	-------	--

2001		10000
1. PLACE OF DEATH  o. COUNTY		lived, If institution; Residence before edmission)
Dorchester MARYLANI	* STATE Maryland	Dorchester
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN		
Cambridge 58 Yrs.	13 Cambridge	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	I . IS RESIDENCE
Combaides Md Hearth 7	105 High St.	ON A FARM?
Cambridge Md. Hospital  3. NAME OF First Middle	U 405 High St.	Month Dey Yeer
DECEASED	OF	
TIET DEL C		ecember 15 1961
7. MARKIED 11 NEVER MARKIED	a J fact h	(In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.  wirthdey)   Months   Deys   Hours   Min.
Male   Negro   widowed   DIVORCED	April, 21, 1896 65	yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?
Orderly Hospital	Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Chester	Mary Wiggins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 1 17	Market Land	Address 1
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	Titles - De 13 miles	105°High St.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Mrs. Ruth Chester C	ambridge, Md.
PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (6) Coronary occlus	sion	15 Mins.
420.1 DUE TO		
Conditions, if any, which \ (b)		
geve rise to Immediate cause  DUE TO		
(e), sletting the underlying		
	NOT RELATED TO THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(a) 1 19 WAS AUTOPSY
он ————————————————————————————————————		PERFORMED?
S SYSTEMAL CAUSE WAS A SOCIETY WOULD BE SOCIETY OF THE STATE OF THE ST		YES NO
PRIMARY Or CONTRIBUTING	. (Enter neture of Injury In Pert I or Pert II of item 1B	.)
	LACE OF INJURY (Home, ferm, 20f. (City or tow ectory, street, office bldg., etc.)	(County) (State)
Hour e.m.    While   Not While   et work   et work	t	
21. I certify that I took charge of the remains described above,	held an Autopsy , Inspection X.	Inquiry , and in my opinion
		nined manner
Total	CHIEF MEDICAL EXAMINER	mico manner
ACTUAL SIGNATURE John moch		
SIGNATURE STATE	M.D. ASSISTANT MEDICAL EXAMINER	12/20/61 DATE SIGNED
EXAMINER'S Dr. Tohn Mane In	DEPUTY MEDICAL EXAMINER	, ,
NAME (Type) Dr. John Mace Jr.	Address (Street, city, town, or county)	Cambridge, Md.
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify)		ity, town, or country) (State)
Burial   12/19/01   Waugh Ceme	tery Cambridg	e, Dor., Md.
23. FUNERAL DIRECTOR ADDRESS		4b. REGISTRAR'S SIGNATURE
Herbert St. Clair Cambridge, Md.	DEC 2 6 161	01.04.

DEC 2 6 '61

arthur S. Krous



VR A15 (4)

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12070 CERTIFICATE OF DEATH
13851

	70010								
1. PLACE OF DEAT.	Н			2. USUAL RESIDEN	ICE (Where de	b. COUNT		ice bafore	admission
	chester		MARYLAND	Maryl	and	B. COUNT	Dorche	ster	
b. CITY OR TOWN	(if outside corporeta limi d give nearest town)	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outsida corp	orata limits, write	RURAL and give	neerest to	wn)
	a give nearest town)		entire life	13 Cambr	ridee				
d. NAME OF HOSP	TAL OR INSTITUTION (	if not in hosp	oitel, give street address)	d. STREET ADDRESS					RESIDENCE
	20 7 7 7 7			7 Po.	chhlas	som Ave.		1	A FARM?
Combridge-	Maryland Ho	ospita.	Middle	Lest	4. DATE	Month	Dey	Yes	
(Type or print)	Mer	na <b>n</b> (	Goldsborough	Cook	OF	December		19	
5. SEX	6. COLOR OR RACE	7. MARRIED		B. DATE OF BIRTH		. AGE (In years )	F UNDER TYEAR		R 24 HRS.
Male	White	WIDOWED	DIVORCED T	October 4,18	82	79 yrs.	Months Deys	Hours	Min.
toa. USUAL OCCUPA	TION (Give kind of work	10b. KI	ND OF BUSINESS OR INDUST			foreign country)	12. CITIZEN C	F WHAT	COUNTRY
	orking life, even if retire an Fire Co.			Cambride	T P		II.	S.	
13. FATHER'S NAME		,		14. MOTHER'S MAIDEN	-		-		
Man	rion E. Coo	le		Josephin		ier			
15. WAS DECEASED EN	ER IN U.S. ARMED FOR	CES?   16. S	SOCIAL SECURITY NO.   17.		-100	Address			
(Yes, no, or unkown) (	If yes give wer or dates of s	ervice)			- ale 77 TO		A	Comi	h 1/1-2
No	DE SIMILA IT			s. Artie W.Co	00K,7 P	eachbros		TERVAL BE	
	DEATH [Enter only one	ceuse per lir	ne for (a), (b), end (c).]					SET AND	DEATH
PARTI. DEAT	IMMEDIATE CAUSE (e)	In	enia					100	Lays
700	DUE TO	1			1				1
Conditions, if an	y, which ) (b)	12	everal.	ridar	Tere	oder	0-2		
geve rise to immed	liete ceuse	1		0		. 100-	000		
(e), steting the cousa lest.	undarlying DOE TO								
	P SIGNIFICANT CONDI	TIONS CONT	TRIBUSING TO DEATH BUT N	OT REL OF TO THE TERMI	INAL DISEASE	CONDITION GIVE	N IN PART 1(a)	19. WAS /	AUTOPSY
	* S . A	4	Materia	tho	A	^			DRMED?
5	one	y	acar,	Intour	-005	is		YES	NO [
PART OTHE	AS UNDERLYING A CAUSE OF DEATH ( MEDICAL EXAMINER)	209. DESC	CRIBE HOW INJURY OCCURE	D. (Enter nature of injury in	Part I or Part I	l of itam 18.)			
20c. TIME OF INJ	URY Month, Day, Ya	ar   20d. It		ACE OF INJURY (Homa, far		y or town)	(County)		(State)
ZOc. TIME OF INJU	19	Whila et work		ctory, street, office bldg., etc	c.)				
Print				ut.	10 10	12/6	106/	h-4 (I)	(ma) las
			led the deceased from		45.P.	1.6		' '	(we) las
saw the decea	sed alive on	16	19.6. , and tha	t death occured at	M, from	the causes a	nd on the d	ate state	
220 SIGNATURE	10	Lane	us,		MED.	STAFF PHYS.	1	1/8	SIGNED
22c. PHYSICIAN'S	W.+(4x	JKS		22d. ADDRESS	BOIL	66	NAD	SIC A	Cin
DO DUDIAL COUNTY	ION, 23b. DATE THE	RECE	23c. NAME OF CEMETERY	OP CREMATORY	23d. LOC	ATION (City, tow	n or county)	They	State
REMOVAL ISpecify	Dec.10,		Dorchester Me			idge, Md		,	, are,
24 FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		C'D BY REGIS	TRAR 25b. REG	ISTRAR'S SIGNA	TURE	
Seweth	R. Heor	non	Cambridge,	Md DATE	DEC 1.3	'61	7 -1 0 1		
					2.0.0	y1 (	Tithung 8. 1	LAUGUE	

1288 Pro Page Parton 7 A CENTRAL CARROLL STATE AND THE PARTY OF T Chief a passure of the control of the control ... an eston from the The state of the land of the l ALEST AND AND AND ALL COME, SEE MANAGED AND ALL COME. 701000 me in second Source of ateriodices Concremy attemp throughouse 19 - 3/21 MARGENIA 12/8/61 Willtanks CHMBRUSET MARKERIN The state of the s MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	1	3879		CERTII	FICA	ATE OF D	EATH	E I Nove		Reg. Dist.	38	52
	1. PLACE OF DEATH  o. COUNTY  Dorche	ester Co.		MARY	AND	o. STATE	Md.	re deceased live	b. COUNTY	ni Residence bef		
	b. CITY OR TOWN (If auts RURAL and give nearest	ide corporate limits town)	, write c.	LENGTH OF STAY	N 1b	c. CITY OR T	OWN (IF ou			IRAL and give ne		
7	d. NAME OF HOSPITAL (IF OR INSTITUTION	not in hospital, giv		10 Days		Fishing d. STREET A	DDRESS	ek, Md.	Î		ON	SIDENCE A FARM?
	Cambridge Md.  3. NAME OF DECEASED (Type or print)	Hospita First William	-	Middle Prest	on	Creig		4. DATE OF DEATH	Mont		ay	Year
	5. SEX 6. C	OLOR OR RACE	7. MARRIED	NEVER MARRIE	0 🗆	B. DATE OF BIRTH	- 00-	9. A	st birthdoy)	IF UNDER I YEA Months Doys	R IF UND	19 61 DER 24 HRS. Min.
	10a. USUAL OCCUPATION (G during most of working li Merchant	ive kind of work de					ACE (State o	r foreign country		12. CITIZEN	OF WHAT	T COUNTRY
1	13. FATHER'S NAME	n H. Crei	ahtan	diocer,y		14. MOTHER'S		AME	ıu.	J U.,	DeAle	
	15. WAS DECEASED EVER IN (1/4), no or unknown)	J. S. ARMED FORC	ES? 16. SO(	CIAL SECURITY NO.		NFORMANT Leo. Crei			Addre	eek, Md		
)	Canditians, if any, a gove rise to immediate (a), stating the willying couse lost.	AS CAUSED BY: EDIATE CAUSE (o) DUE TO high little little DUE TO (c) GNIFICANT COND  DERLYING (C) AUSE OF DEATH	Ce ITIONS COL	Aple is it is the second of th						ON	PERFC	DEATH and
	20c. TIME OF INJURY MAN Hour a. m. p. m.  21. I certify that I alive an ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	anth, Day, Year 19 attended the c 2 / 6  www.e	While of work deceased 19 6	from // , and that	20	ACE OF INJURY (It lotry, street, office	ta/A	12/6		,that I last s and an the do tote)	aw the	
1		Dec. 9,19		2c. NAME OF FEME Dorcheste				22d. LOCATION Cambrid		county)	(Stot	le)
	23. FUNERAL DIRECTOR'S SIG LeCompte Fune		ce	ADDRESS Cambridge	. Mc	1.		BY REGISTRAR C 1 2 '61		Thun S. th		

WOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 ed in by the funeral director, I and 2 shauld be filed with MERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. It the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		13880		CERTI	FIC	ATE OF E	DEATH	1		Reg. Di	.ReS	353	3
1. PLACE (	NTY	orchester	Co.	MARY	rLAND	o. STATE	DENCE (Wh	ere deceose	d lived. If instituti b. COUNTY	on: Residence Dorch			
RURA	OR TOWN (If L ond give need bridge		ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR Cambri			rote limits, write R				
d. NAM OR II	NE OF HOSPITA	Id. Hospital		oddress)		d. STREET A			1		•	ON A	IDENCE FARM? NO 1
3. NAME ( DECEAS (Type or	OF SED	Reginal	st	Middle Vannem		Fount	it	4. DATE OF DEATH	Mor Dec.	ith	Duy		regr 19 61
s. sex Mal	.e	6. COLOR OR RACE White	7. MARI	NEVER MARRI		B. DATE OF BIRT		8	9. AGE (In years lost birthdoy) 63 yrs.	Months I	Days	Hours	R 24 HRS Min.
during	mber	N (Give kind of work ng life, even if retired		umbing & H			ridge	, Md.	ountry)		S.A		COUNTR
15. WAS DI	ECEASED EVER	N. Fountain	CES7 16.	SOCIAL SECURITY NO	). 17. (	NFORMANT	ilhel	imina	M. Mills				
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OR CO	CCIDENT WAS	UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER		CRIBE HOW INJURY O							` '	PERFO	RMED?
2	ME OF INJURY Hour a. m. p. m.	Month, Doy, Yes	While	NJURY OCCURRED  Not while  t ot work	20e. PL fo	ACE OF INJURY ( ctory, street, office	Home, form, bldg., etc.	20f. (City	or town)	(Co	ounty)		(Stote
ACTUA SIGNA PHYSK NAME	On	of I attended the	., 19.(	el., and that		occurred at	57	M, fran	reet, city or town,	and an the	e date	state	deceas ed abov
Buria	NAL (Specify)		961	Dorcheste:				Cambr	0	Mo	d.	(Stote	)
- 173	at director's pte Fun	signature leral Servi	CA	ADDRESS Cambridge	Ma		240. REC'E	BY REGIST		STRAR'S SIGI			

OSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 ed in by the funeral director, MERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely a Nernal DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pube registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/SS

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	William South			
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VS A15 (4)

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH Reg. Dist No 854 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY Dorchester CambridgeMARYLAND New Market.Md East Dorchester b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 8 days d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Cambridge Md. Hospital Aurora & Byrn Sts. Cambridge .Md. YES NO T 4. DATE NAME OF First Middle Lost Month Yeor DECEASED OF DEATH 19 61 12-(Type or print) Robert Gertz 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Days Hours Min. Ma 1e white WIDOWED T DIVORCED [ 11-12-1904 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Baltimore, Md. U. S. A. unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adolph Gertz Biabitz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Unkown 18. CAUSE OF DEATH [Enter only one couse per lige for (o), (b), grid (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: meeunomo MMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. DESCRIBE HOW INDURY OCCURRED (Enter noture of injury in Port I or Port Il of item 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. PLACE OF INJURY (Home, farm, 20f. (City of town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased fram.\_\_ \_\_\_\_\_, 19\_\_\_\_, to\_\_\_\_\_ \_\_\_\_ 19\_\_\_\_that I last saw the deceased , and that death accurred at \_\_\_\_\_M, fram the causes and an the date stated above alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREO 22c. MAME OF CEMETERY OR CHEMATOR N (City, towar or county) (Stote) REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 1 8 '61 L. . hur S. Thous

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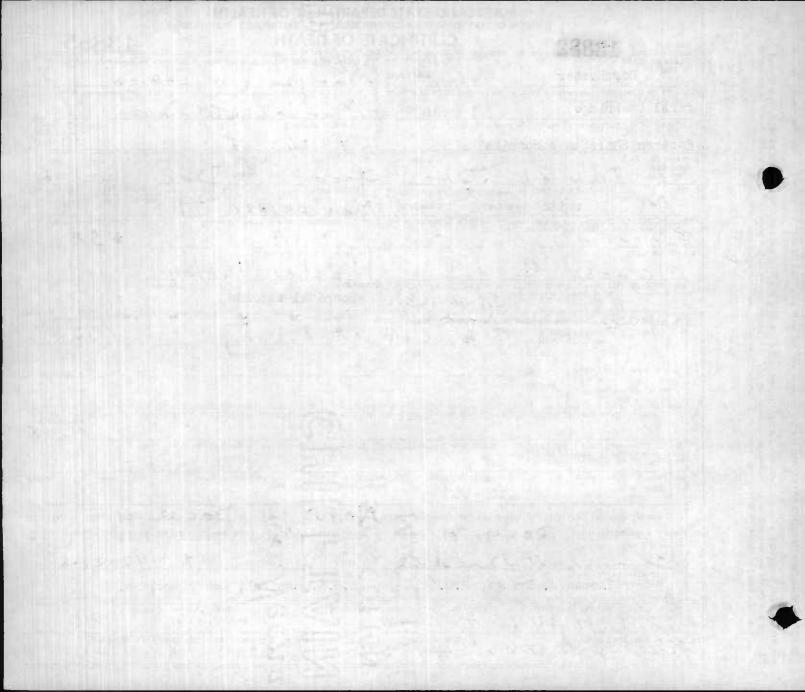
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MARYLAND STATE DEPARTMENT OF HEA	MA	ARYLA	ND S	TATE	DEPAR	TMENT	OF	HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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b. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL ond give, peagest town)  PUTAL CAMBOTT CAM	
Rastern ShoreState Hospital  3. NAME OF DECEASE (Type or print)  5. SEX  6. COLOR OR RACE  White  Widowed  100. USUAL OCCUPATION (Give kind of work dane during)  June 101. Sex of the sex	
3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE White Whowed Divorced Divorced Divorced Divorced Norther's Maidele Lost  9. AGE (In years   Funder Months) Months M	e. IS RESIDENCE ON A FARM? YES NO
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John String most of working life, even if retired)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ACC. he Hurley Address (fee. no. or unknown) (If yes. give wor or date Wisevice) 2/6-16-8838 (Hospital records  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate couse (a), stoling the underlying couse lost. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II. OTHER SIGNIFICANT CONDI	
15. WAS DECEASED EVER IN U. S. ARMED FOICES? 16. SOCIAL SECURITY NO. 17. INFORMANT  [Yes. no. or umknown]	USA
IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), storing the under-lying cause lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CONT	
20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.  19  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)  20c. TIME OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)	INTERVAL BETWEEN ONSET AND DEATH
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a.m. 19 While Not while at wark at wark at wark 19 decrease.	ART 1(a) 19. WAS AUTOPS: PERFORMED? YES NO
	(Caunty) (Stat
21. I certify that (1) (this hospital) attended the deceased from 10 12. 1961 to 12. 1961 to 12. 1961 to 1962	ne date stated obave 22b. DATE SIGNE
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23d. PURIAL DELIA 23d. LOCATION (City, town, or county) 23d. PURIAL DELIA 23d. LOCATION (City, town, or county) 23d. PURIAL DELIA 23d. LOCATION (City, town, or county) 23d. PURIAL DELIA 23d. LOCATION (City, town, or county) 23d. LOCATION (City, town, or county) 23d. PURIAL DELIA 23d. LOCATION (City, town, or county) 23d. PURIAL DELIA 23d. LOCATION (City, town, or county) 24d. LOCATION (City, town, or county)	Que



FOR STATE TEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 in there is director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Land 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

5M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1383 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13856

1.	PLACE OF DEATH	•		2. USUAL RESIDEN		stitution: Residence before edmission)		
	Dor	chester Co.	MARYLAND	Md.	b. COUNTY	Dorchester Co.		
		f outside corporate limits, give nearest town)	c. LENGTH OF STAY IN 1b		If outside corporate limits, write R			
			of in hospitel, give street eddress)	d. STREET ADDRESS	<b>&gt;</b>	I e. IS RESIDENCE		
	Sunb	urst Highway		Sunbur	rst Highway	ON A FARM? YES NO		
3.	NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE Month OF DEATH	Dey Year		
5.	SEX	Koy		arstick B. DATE OF BIRTH	9. AGE (In years   IF	19, 1961		
					last birthdey)	Onths Deys Hours Min.		
	Male	1		April 7, 1905				
de	one during most of wor	ON (Give kind of work rking life, even if retired)	10b. KIND OF BUSINESS OR INDUST		or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
1_	Prop.		Dairy Queen Ice		evue, Iowa	U.S.A.		
13	. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
_		is Harstick			DeGear Frazer			
		R IN U.S. ARMED FORCES		INFORMANT	Address			
	No		Unknown M:	rs Roy Harsti	ick Sunburst	Highway		
	The second second second		use per line for (a), (b), end (c).]			INTERVAL BETWEEN		
		H WAS CAUSED BY:	Coronary occlu	sion		ONSET AND DEATH Instant		
	420.1	DUE TO						
	Conditions, if eny, which (b)							
	gave rise to immedia	ote couse						
	(e), steting the un	Identying						
z		SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAT DISEASE CONDITION GIVEN	LINE DART 1/21 10 WAS ALTONSY		
5		, , , , , , , , , , , , , , , , , , , ,		or all the teams	THE DISEASE CONDITION GIVEN	PERFORMED?		
5	20a. EXTERNAL CA	LICE WAS 1 20h	DESCRIBE HOW INJURY OCCURED. (	Enter nature of lating to Day	A Los Book II of the 100 h	YES NO X		
L CERTIFICATION	PRIMARY OF COL		DESCRIBE HOW INJURY OCCURED. (	enter nature of injury in Par	I TO FERT II OT HEM 18.)			
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Year		CE OF INJURY (Home, farm tory, street, office bldg., etc.		(County) (State)		
-	21 I certify the		he remains described above, he	old an Autonsy	Inspection K, Inquiry	, and in my opinion		
	death resulted from Natural causes X. Accident [], Suicide [], Homicide [], Undetermined manner							
	ACTUAL CHIEF MEDICAL EXAMINER C							
	SIGNATURE	for our	neral	M.D. ASSISTANT MED	70/07	DATE SIGNED		
	EXAMINER'S NAME (Type)	or. John Ma	ace Jr. M.D.	DEPUTY MEDICAL Address (Street, o	city, town, or county) Camb			
226	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, fown, or			
B	urial	Dec. 23, 1	961 Dorchester Me	em. Park	Cambridge.	Md.		
	. FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR 246. REGIST	RAR'S SIGNATURE		
	LeCompte Fr	uneral Servi	ce Cambridge, Md.	DATEDE	C 2 8 '61	ug & theme		

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o. STATE aryland

d. STREET ADDRESS

Lost

Cambridge

412 Pine St

4. DATE OF DEATH

**CERTIFICATE OF DEATH** 

MARYLAND

c. LENGTH OF STAY IN 16

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-	4	1)	0	6
	0	1.	-	1

Dorchester

Day

e. IS RESIDENCE ON A FARM? YES NO 🔀

19

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

Month

12

	1	3884		CERTIF
	PLACE OF DEATH o. COUNTY  DC b. CITY OR TOWN (IF	rchester	ts, write	MARYLA
the funeral direction of the shauld be filed	DK INSTITUTION	Z⊖ AL (If not in hospital, g	ive street o	life address)
d in by 13.	H12 Pine NAME OF DECEASED (Type or print)	e Street Fin Sarah		Middle wn Henson
5.	sex Female	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED  DIVORCED
g physician and camplete remove carbon papers.  Thours after death.	during most of working Labore  FATHER'S NAME	ng life, even if retired)	done 10b. I	Laborer
physician hours off	Daniel WAS DECEASED EVER	Brown IN U. S. ARMED FOR		SOCIAL SECURITY NO.
the attending Then please re vent within 72	18. CAUSE OF DEAT		21	2-16-2222 • far (a), (b), and (c).]
ed by the o	Conditions, if on	DUE TO		Carcinoma
	gave rise to im couse (a), stating the lying couse lost.	he under: DUE TO		
4 8 10 9 A	20g. ACCIDENT WAS	UNDERLYING FI	Sec	ontributing to death condary An RIBE HOW INJURY OCC
fical	OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour a.m.		or 20d. IN	UURY OCCURRED 20
for the pite	p. m.		at work	d from Novemb
t d d d d	ACTUAL SIGNATURE	Hill	an	and that d
RAL Should should shoul	PHYSICIAN'S NAME (Type) J			tt, M.D.

MARRIED NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDE	R 24 HRS.
DOWED DIVORCED Jan 6, 1893	last bipthday) 60 yrs.	Manths Days	Haurs	Min.
10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign of	ountry)	12. CITIZEN C	OF WHAT	COUNTRY
Laborer Charleston,	S.C.	US.	A	
14. MOTHER'S MAIDEN NAME				
Mary Brown				
16. SOCIAL SECURITY NO. 17. INFORMANT	Addr	ess		
212-16-2222 Martha B. Clifto	on, Balt	imore,	Md.	
per line far (a), (b), and (c).]		INT	ERVAL BET	
Carcinoma of Bladder		ON:	SEI AND I	DEATH
ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVE	EN IN PART 1(a)	9. WAS A	UTOPSY
Secondary Anemia			YES 🗌	
DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Por	t II of item 1B.)			
Od. INJURY OCCURRED  /hile Not while foctory, street, affice bldg., etc.)  / foctory, street, affice bldg., etc.)	or town)	(County)		(Stote)
egsed from November 1, 160, to Dec 31	. 196]	-that I last so	aw the c	decease
961, and that death occurred at 12p M, from	n the couses o	nd on the da	te state	d above
ADDRESS (Si	treet, city or town,	stote)	DA	TE SIGNED
M.D. 227 Pine St.	., Cambr	idge, M	d1,	/2/6
ssett, M.D.				
	TION (City, tawn, o		(Stote	)
Waugh Cometery Cami	bridge-I	or-Md.		
ADDRESS - 240. REC'D BY REGIST		TRAR'S SIGNATU	RE	
figh St., Cambridge, MdoATE JAN 1	5 '62	arthur 8, 1	Traces	

The Total Bill and Market			18881	
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	Commence Land			
	All The Late believes that	VI III SAME TO		
			11/2/ - 11/10-2	

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SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a fine page 4 may be retained by the hospital or attending physician.

O'FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has as the burial-transit permit. Then please canon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1385

CERTIFICATE OF DEATH

13857

I. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission)						
Dorchester	o. STATE b. COUNTY Dorchester						
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY II	1141 1 2414						
write RURAL and give nearest town)	Combinidae P.D. 2						
Cambridge, R. D. 2 40 years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Cambridge, R.D. 2						
	ON A FARM?						
Rural First Middle	Rural YES X NO L						
DECEASED	Lest 4. DATE Month Day Year OF						
(Type or print) Marcie Jones	Moge December 18,1961 19						
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.						
Female White widowed T DIVORCED	August 13,1886 75 yrs. Months Deys Hours Min.						
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
13. FATHER'S NAME	Bishops Mead, Dor. Co. U.S.						
	14 Mettak e Malesta a de la companya						
Harrison Jones	Rhoda Ann Pritchett						
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   (Yes, no, or unknown)   (Ifyesgivewerordetes of service)	17. INFORMANT Address						
No Noene	Miss Alta A. Hoge, Cambridge, Md., R.D. 2						
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	MISS ALTA A. Hoge, Combridge, Md., R.D. 2 INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	al Nemorrhage Iday						
420 ·1 DUE TO	1						
( M)							
de se use to immediate canse	rary lican process						
(a), stating the underlying DUE TO							
ceuse lest. (c)_							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?						
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	YES NO						
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUPY OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURED. (Enter neture of injury in Part I or Part II of item 18.)						
3 20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2Dd	e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Slate)						
20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2Dd. Hour a.m. While Not While 19 al work at work	factory, street, office bldg., etc.)						
	12/14/6/10 10/1/8/1/10 114/10/10/10/10						
21. I certify that (I) (this hospital) attended the deceased for							
	that death occured at						
220. SIGNAPORE Manyanor	M.D. ATTENDING MED. STAFF 1275. DATE 1275. DATE 1275. SIGNED PHYS. DIRECTOR PHYS. D						
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS 12 ( M 2 CA ) + C) h. M						
Tamento Maria	NOV 136 STALL IN CAM STINGE IN						
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME							
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	Memorial Park Cambridge Md.						
236. BURIAL, CREMATION, 23b. DATE THEREOF PURIAL (Specify) Burial Dec. 21, 1961 Dorchester	Memorial Park Cambridge Md. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						

13885 . I Ditti A PARTY OF THE PAR production of the product of the pro . A. William Common Month Services The state of the s the state of the s Carranger Ment of the 12 LANDER DESCRIPTION OF STREET Miller Mary and Andrew The special state of the state A STATE OF THE PARTY OF THE PAR As a man of the same of the same

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and	carbo
After this certificate has been signed by the attending physician and controlled in by the funeral	ached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1385 13886

1. PLACE OF DEAT	ГН		2. USUAL RESIDEN	ICE (Where deceased lived, If it	nstitution: Res	sidence before edmission)		
e. For ches		MABYLAND	a. STATE Mary	1		en Anne		
	(if outside corporete limits, and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, write	RURAL end	give neerest town)		
	PITAL OR INSTITUTION (if not in		d. STREET ADDRESS			I DE SECIDENCE		
	nore State Hospi		G. STREET ADDRESS			o. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month		Dey Yeer		
(Type or print)	John		Holmes	DEATH December	F 20	1961		
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED B	November 2,1	9. AGE (In years last birthday)		EAR IF UNDER 24 HRS. Hours Min.		
	1 1111111111111111111111111111111111111	. KIND OF BUSINESS OR INDUSTR		nty & State, or foreign country)	12 CITI71	EN OF WHAT COUNTRY?		
done during most of w	vorking life, even if retired)	. KIND OF BOSILESS OK HIDOSIK						
	port business		England		Marc	uralized of		
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
John Holm	na s		?					
		16. SOCIAL SECURITY NO.   17. I	NFORMANT	Address				
	(If yes give wer or detes of service)	207 00 975054	enal Rananda	Fostenn Shone	State	Hoen Cambri		
unk			ical .ecords	,Eastern Shore	Duale			
	DEATH  Enter only one cause p	er line for (e), (b), end (c).]				ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-pne umonia,						10 days		
1/15	O A DUE TO							
		neralized arter	atroomorfo.			10 yrs		
Conditions, if er		10 110						
	(e), steting the underlying DUE TO							
cause lest.	) (c)							
PART II. OTH	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY							
						PERFORMED?		
30- ACCIDENT V	WAS UNDERLYING TO 1 201 I	DESCRIBE HOW INITIARY OCCURED	(Estar astura of injury in	Post I so Post II of item 19 )	-	11:3   110		
OR CONTRIBUTING	206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING  OF CONTRIBUTING OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJ	at week at week at							
21. I certify		ended the deceased from		3059 to 12-26		1, that (I) (we) last		
saw the decea	ased elive ondec20	519.61, and that	death occured at	P.M. from the causes a	and on the	e dete stated above.		
22e. SIGNATURE	226. SIGNATURE  SI M.D. ATTENDING MED. STAFF SIGNED, PHYS. DIRECTOR PHYS. 12/26/61 SIGNED,							
22c. PHYSICIAN	Simon Virkutis		E.S.S.H.	Cambridge, Md				
23a. BURIAL, CREMA	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n or county)	(Stete)		
O REMOVAL (Specif		SILVER BROO	U CREINTER	1 Wil mivet	,	Del		
-REMATION					1	L/EL:		
FUNERAL DIRECTO	SIGNATURE S.D.	ADDRESS WITH	25a. RE	DEAT REGISTAAR 256. REG	ISTRAR'S SIC	SANTE SALVE		
	1	The state of the s						

VR A15 (4) 15M 7/61

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	13887		CERTI	FICA	E OF DEA	IH		Reg. Di	ist. No	3859
1. PLACE OF DEATH o. COUNTY Dor	chester Co	/	MARY	- 11	O. STATE	Where decease	ed lived. If instituti b. COUNTY		_	ore admission)
b. CITY OR TOWN RURAL and give I	(If outside corporate lim	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (	If outside corp	orote limits, write R	URAL and	give ner	arest town)
Cambridge			40 Years		Cambridge	e. Md.	13			
OR INSTITUTION	Belevedere		address)		d. STREET ADDRESS		Ave.			ON A FARM? YES NO X
3. NAME OF	Fir		Middle		Last	4. DATE	Mor	oth	Do	
(Type or print)	T		Sewell		Hubbert	OF DEATH			5.	19 61
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	ED   8.	DATE OF BIRTH		9. AGE (In years lost birthday)		RIYEAR	IF UNDER 24 HRS.
Male	White	WIDOW		-	ec. 20.191	1	lost birthday)	Months	Days	Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS O				-4/	12. CI	TIZEN C	OF WHAT COUNTRY
Owner	rking life, even if retired		arm Lmpleme	ent Co	Linkwood	. Md.		TT	S.A	
13. FATHER'S NAME			AZ III ZIMP ZCINC	120 00	14. MOTHER'S MAIDE			10.	D.A	• .
Edgar S.	Hubbert.				Ver	sa Hur	lev			
15. WAS DECEASEDEV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. INF	DRMANT	Da IIuI.	Add	ress		
NO	(If yes, give wor or dates of s		Inknown	Mrc	. Sewell H	hhant	100 Bel	orrada	ma l	1750
Conditions, if a gove rise to cause (o), stoting	ony, which (bimmediate DUE TO				R Dy.	STR	OPHY		076	ERVAL BETWEEN SET AND DEATH O S
20g. ACCIDENT W	HER SIGNIFICANT CON  AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS	CONTRIBUTING TO DEA					/EN IN PAR	₹ 1(o) 1	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	ar 20d. I While of wor	NJURY OCCURRED  Not while of work	20e. PLACI foctor	OF INJURY (Home, for y, street, affice bldg.,	orm, 20f. (Cit etc.)	ly or town)	(1	(County)	(State)
21. 1 certify the alive an	hat I attended the	decease 19		death a $\frac{2}{JR}$ .	ccurred a 12:15	ADDRESS (S	m the causes of street, city or town,	and an t	he da	aw the deceased the stated above DATE SIGNED
220. BURIAL, CREMATIO		)F	22c. NAME OF CEMI	ETERY OR C	REMATORY	22d. LOCA	ATION (City, town,	or county)		(Stote)
Burial (Specify	Dec. 7.	1961	Dorcheste	r Mem	. Park	Camb	ridge.	Ma	rvla	and.
23. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS			EC'D BY REGIS		STRAR'S SI		
T.eCompte H	uneral Ser	vice	Combnidge	Md.		DFC 1 2 1	61	-2 0	11	

VS A15 (4) 15M 9/55

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VR A15 (4)

# MARYLAND STATE DEPARTMENT OF HEALTH

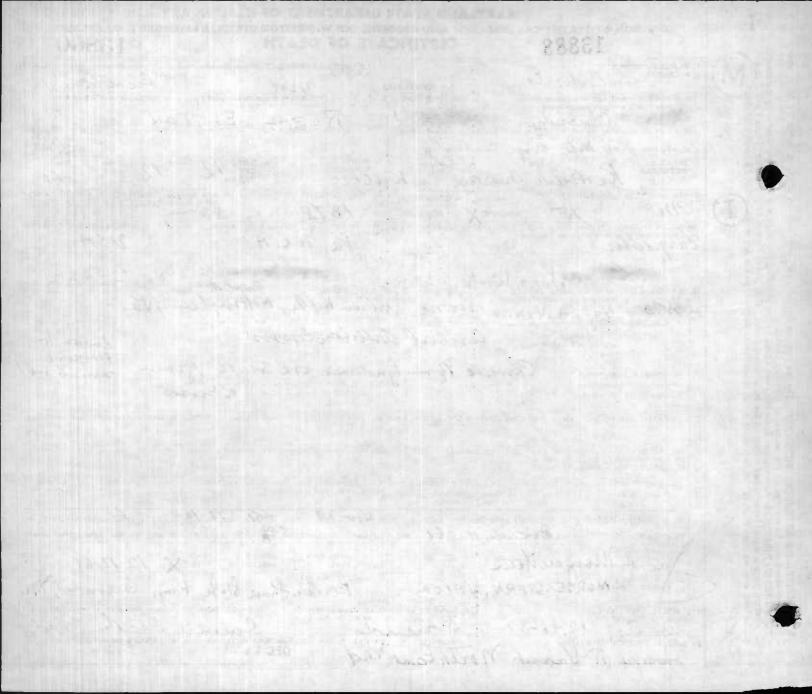
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1388

CERTIFICATE OF DEATH

13860

- 1			
	1. PLACE OF DEATH  a. COUNTY Sirelester & MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institutions b. COUNTY Cocces	tesidence before edmission)
		c. CITY OR TOWN (If outside corporete limits, write RURAL end	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		give neerest town;
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS ELKTON	IS RESIDENCE     ON A FARM?
	Cartern Hore Site Kurp. Cambridge		YES X NO
	3. NAME OF DECEASED D First Middle	On Last 4. DATE /7 Month /7	Day Year
	(Type or print) Sertram archiball Kit	Cer DEATH 2 2	196/
Н	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 last birthday) Months	
П	m WIDOWED \ DIVORCED □	1878 83 yrs. Months	Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of yorking life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
	Currenter	Va, U.S. A	USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John W. KIBLER	JENNY (	LOMER
П	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.	INFORMANT Rund # Address	
	(Yes, no or unkown) (If yes give war or dates of service) None in	Clima Kibler, Nottrughow, Ta	
	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).)		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*)  PART I. DEATH WAS CAUSED BY: CEREBURG OF	feriosclerons	Resident to
П	304X DIETO-0	1.0	Manufal
	Conditions, if ony, which } Chroceix Pormin Lyn	divine will Secile Brain	mare 8-5-61
	gave rise to immediate cause	dis	3,000
В	(e), stating the underlying cause last.	muse	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		PERFORMED?
ii		D. (Enter neture of injury in Pert I or Pert II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
Ш	5 to 1	ACE OF INJURY (Home, farm, 20f. (City or town) (Couctory, street, office bldg., etc.)	nty) (Stete)
П	Hour e.m. While Not While et work 19		
	21. I certify that (I) (this hospital) attended the deceased from	Nov- 27, 1961, 10/2-/2-, 196	
¥	saw the deceased alive on Brownie 111961, and that	at death occured at	he date stated above.
	220. SIGNATURE	ATTENDING MED. STAFF	226. DATE SIGNED
	Jacob Mongaestein	M.D. PHYS. DIRECTOR PHYS. 2	-12-61
1	22c. PHYSICIAN'S NAME (Type) MCREENCTERN JACOR	22d. ADDRESS & G & L & C.	. O. d. mod
1	WAME (Type) MCRGENSTERN, VACOR	Earlem those State Kory. Co	airnoye, my
	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or count	y) (Stete)
	Buriag 1276-61 Sriene	de Calvert Ceci	le ma
	24 FONERAL DIRECTOR'S SIGNATURE ADDRESS	DEC 1 8 61 Chilling A.	
	Joseph I Front York East	nd DATE	,



DESPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a page 4 may be retained by the hospital or attending physician.

OFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and contact the placetor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 7/61

1.	PLACE OF DEATH COUNTY Dorchester	MARYLAND	2. USUAL RESIDEN Maryland	CE (Where deceased lived, If Institution b. COUNTY		n)
r	b. CITY OR TOWN (if outside corporata limits, write RURAL and give resuest lown) ural. Cambridge	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	It outside corporate limits, write RUR	RAL and giva nearast town)	_
-	d. NAME OF HOSPITAL OR INSTITUTION (it not in hosp	pital, give street address)	d. STREET ADDRESS	0 >	e. IS RESIDENCE	E
La	stern Shore STate Hospital		925 E. Chu	irch St. 2	ON A FARM?	
3.	NAME OF First DECEASED (Type or print) MARY ELLEN	Middla LEONARD	Last	4. DATE Month OF DEATH	Day Year	100
5			DATE OF BIRTH	9. AGE (In years   IF U	mber 8th19 61 INDER 1 YEAR   IF UNDER 24 HRS.	_
	emale   6. COLOR OR RACE   7. MARRIER		06-25-75	back bright to all	this Day Hours Min.	-
de	one during most of working life, even if retired)	NO OF BUSINESS OR INDUSTR'		oarsonsburg, Md	12. CITIZEN OF WHAT COUNTRY	¥7
	none House Work	None			/ 0.0.A.	_
			14. MOTHER'S MAIDEN			
L	Daniel Ritchie Hollowa	У	Nancy E.H	amorin		
	as, no, or unkown) (Hyesgive war or datas of sarvica)	SOCIAL SECURITY NO. NZ. I	Betty M.E	Bedsworth (Daug	hter) Same as#	#2
-	18. CAUSE OF DEATH Enter only one cause per li		10001 01	, 10000111 011010	I INTÉRVAL BETWEEN	-
	DART I DEATH WAS CALISED BY	nic Myocarditi	.s		several year	rs
	Conditions, if easy, which gave rise to immediate cause	ralized arterio	sclerosis			
	(a), stating the underlying DUE TO cause last.					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	nal disease condition given in	N PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO X	
CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURED.	(Enter natura of injury in	Part I or Part II of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Yaar 20d. I Hour a.m. While p.m. 19	Not While factor	CE OF INJURY (Home, farr ory, street, office bldg., atc		(County) (State)	
	21. I certify that M (this hospital) attends saw the deceased alive onDec		12/29/60 at 1.0	1950, to 12/8/	, 1961., that (A) (we) last	
	22a. SIGNATURE Shu F, Sch	neider	D. ATTENDING PHYS.		ec. 8,1961 SIGNE	
	PHYSICIAN'S NAME (Type) John F. Schnie	eder . MD	Easton, Mo	i.		
23	B. BURIAL CREMATION, 235. DATE THEREOF	Wicomico Men	OR CREMATORY	23d. LOCATION (City, town or		=
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 256. REGISTR		_
L		ISBURY MARYI	LAND DATE			
-			DE	4 6 Cockway	S. Minus	_

9933 DESCRIPTION TO SERVING and the condensation of the contract of the co THE PURPLE. P. WORTH Chinic Chance of Cycles of Speed to Cycles 24 thirty of the colorisation, it will be the All the second of the second o TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 to retained by the hospital or attending physician.

TO MERAL DIRECTOR: After this certificate has been signed by the attending physician and completely ded in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		13890		CER	TIFIC	ATE	OF D	EATI	1			Reg. Dis	t. No.	38	62
1.	PLACE OF DEATH	D			ARYLAND	2. USU	JAL RESID			. b	If institution.	oni Resident	e befor	e admiss	ion)
		Dorchest							yland	-		Doro	7	200	
	b. CITY OR TOWN (II RURAL and give ne	f autside carporate limi arest tawn)	ts, write	c. LENGTH OF ST	AY IN 16	c. C	CITY OR T	OWN (IF	outside corp	orate lim	its, write Rt	URAL and g	ive nea	rest town	)
	Cambri			28 Yı	rs	1/3	£	Caml	bride	re					
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		jd.	STREET A		-		-		- 1	, IS RES	DENCE
	58 Rob	bins Stre	eet		-,.	1		58 1	Robbi	ns	Stre	et.			FARM?
3.	NAME OF	Fir	st	Mid	dle 1	11	Lost		4. DATE OF		Mon		Doy		rear .
	DECEASED (Type or print)	YOR	RK			T.	ITTI		OF	н	-		4		
	SEX	16. COLOR OR RACE		IED NEVER MAI	PRIED [7]		OF BIRTH				Dec.	IF UNDER	LYEAR		R 24 HRS
	Male	2.	WIDOW		CED []			1		-	(In years birthday)	Months	Days	Hours	Min.
10		Negro				Apr	DIPTUDI	4-1	395		6 уп.	12 617	17511.0		CO
100	during most of work	N (Give kind of wark a ing life, even if retired	one IVO.	_		1	-			country		12. C11			COUNTRY
	Labor	er		Labore	er			oro.		C.			U	SA	
13.	FATHER'S NAME					14. M	OTHER'S	MAIDEN	MAME						
		Henders	son	Little					Kati	,e	Belto	cher			
15. (Ye	n, no, or unknown) if	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY	NO. 17.	INFORMA	ANT			- 212	Addr	ess		- 1 300	
	Yes	WW II	2	14-07-84	+36	Cha	rlie	Lit	tle.	Ph	ilade	elphi	la.	Pa.	
	IB. CAUSE OF DEA	TH [Enter only one co	use per lig	e far (a), (b), and	(c).]	1							LINTE	RVAL BE	IWEEN
	PART I. DEA	TH WAS CAUSED BY:	. O	with	100	V.	110						ONSI	TAND	DEATH
	41	DUE TO		WOLE !	1 ca	1							10	7	2
	Conditions, if or	X 0	1	toud	1-0	1.	.1	a	1/1				1	7	
	gave rise to in	nmediate		news	10	nu	alla	<u>C</u>	V U				-	1	
	cause (o), stating (	the under-		atom	-1	11.	101							1	
7	lying couse last.	) (c		nas	- 10	eri	w	27	ru				1		
CERTIFICATION	PART II. OIH	ER SIGNIFICANT CON	O -	ONTRIBUTING TO	DEATH BO	NOT RE	LATED TO	THE TERM	INAL DISEA	SE CON	DITION GIV	EN IN PART	1(a) 15	PERFO	RMED?
2	use	Mercy (	1 a	loua	(									YES 🗌	NO Z
RTIF	20a. ACCIDENT WA	S UNDERLYING []	20b. DES	RIBE HOW INJURY	OCCURR	D. (Enter	noture of	f injury in	Port I or Po	ert II of iI	em 18.)				
	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)													
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Yes		JURY OCCURRED				dome, forn	n. 20f. (Ci	ly or low	n)	(C	aunty)		(Stote)
WED	Hour o.m. p.m.	19	While of work	Not while	1	iciory, sire	eer, orrice	bidg., erc							
		at 1 attached the	-	d from			10/1	10	2	6	idal	46-4-1-1			
	1	at I attended the	deceas				1900	8 7	Sec			"that I I			
	alive on		, 19_1	L.f., and th	at death	occur	red at.	S.P.	M, tro	m the	causes a ly or town,	nd on th	ne dat	e state	d above
	ACTUAL	117.		. 1.			(1)		ADDRESS (	1	10mm,	storej	,	- /	O CONEL
	SIGNATURE	1 - 1 CC	on	Veson	4	M.D		un	wy	1.4	2,00	4		4/4	1/6-1-
	PHYSICIAN'S NAME (Type	U. The	m	Son						0					,
220	BURIAL, CREMATIO	N. 226. DATE THEREC	F	22c. NAME OF C	EMETERY C	OR CREMA	ATORY		22d. LOC	ATION (C	ity, town, a	or county)		(State	)
F	REMOVAL (Specify)	1 12/12/1	961	Tarbon	o Co	met	erv		'l'ar	oho	ro N	orth	Car	rol 4	ne
	FUNERAL DIRECTOR		/	7 ADDRESS	0.00	سحس	-	240. REC	D BY REGIS			TRAR'S SIG			110
2	CuperX1	MAHLO	col	E Can	nbrid	lge.	Md.				· Curn	wn S. 7	hairs.		
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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIEICATE OF DEATH

12863

132	3 7	CERTITI	CAIL OI	DEATH			1000	0
1. PLACE OF DEATH o. COUNTY Dorchester		MARYL	a STAT		ere deceased live	b COUNTY -	Residence before	
b. CITY OR TOWN (If outside corporate RURAL and give nearest town)  Hurlock - Rur		c. LENGTH OF STAY IN 25 years	o. CITY		utside corporote l ck - Rur		AL and give near	est town)
d. NAME OF HOSPITAL (If not in he OR INSTITUTION Cabin	ospitol, give stre Creek R	eet oddress)	d. STRE	Cabin	Creek Ro	oad	e	IS RESIDENCE ON A FARM? YES TO D
3. NAME OF DECEASED (Type or print)	First James	Middle Randal	l Lowe	Last 2	4. DATE OF DEATH	Month Decembe	Day	Yeor 1961
s. sex Male  6. Color o White		ARRIED NEVER MARRIED WED DIVORCED	_	BIRTH ember 26	lo		UNDER 1 YEAR I	F UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind during most of working life, even Retired Farmer	of work done 1 if retired)	b. KIND OF BUSINESS OR Farming	Fe	ederalsb	urg, Mai		12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME Edwin T. Lowe				ER'S MAIDEN N				
15. WAS DECEASED EVER IN U. S. ARA	AED FORCEST	LA COCIAL CECURITY NO	Ani	nie Fish	er	Address		
(Yes, no, or unknown) (If yes, give wor or		Unknown		J. Brod	es, Hurl		R.F.I	
Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last.	(b) (c) (c)	beau Ju	inoner	ert de	phyen	- Jenl	Bried.	10 jes
lying couse last.	(c) C	IS CONTRIBUTING TO DEAT	EMPARALIE	D TO THE TERMIN	physics NAL DISEASE COI	NDITION GIVEN	Brand 10) 19.	WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICA  200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING  CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	G DEATH DEATH MINER)	ESCRIBE HOW INJURY OC	CURRED. (Enter note	ore of injury in P	Port I or Port II of	item 18.)		YES 🗍 NO 📝
ZOc. TIME OF INJURY Month, D Hour o. m. p. m.	Wh		foctory, street,	IRY (Home, farm, office bldg., etc.		own)	(County)	(Stote
21. I certify that (I) (this h	7 M D	d. / /	rom. \$7.3 hat death accu	, ,	Ga.to 13 M, fram the			
220. SIGNATURE	3(1	(muu	M.D. ATTEN	DING ME	D ST	AFF HYS.	7/	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	ston	md	22d. A	Pres	ten	ml.		
230. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) Burial Jan	.4,1962	23c. NAME OF CEMET East New N			23d. LOCATION East N	(City, town, or c		(Stote) /land
24. FUNERAL DIRECTOR'S SIGNATURE J. J. Framptom and		ADDRESS ederalsburg,	Maryland	250. REC'L	BY REGISTRAR		AR'S SIGNATURE	

VR A15 (4) 1SM 9/S9

175. Land - 基本 E. Pales - 1 是 1983 - 1 2 2 2 2 function to the second of the best of the last of the

# HEALTH DEPT. please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to "uneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death.

VS. A15ME

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13892 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13864

1	1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission)
J	Dorchester MARYLAND	Maryland b. county Anne Arundel
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
4	Cambridge (rural) Sudden	Pasadena (RED) 12x·2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS   e. IS RESIDENCE
	Marsh Lands	Solley Road Rt. #11 - Box121 YES NO X
I	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer
ı	(Type or print)	THEWS DEATH 5th December 1961
		DATE OF RIPTH IQ AGE (In years HE LINDER 1 YEAR) IE LINDER 24 HRS
		2th Sept. 1902   59 birthdey   Months Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)  Carpenter  Local Union  13. FATHER'S NAME	Cambridge, Maryland U.S.A.
1	IN TAITIES & NAME	
1	William Matthews 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. II.	Mattie (unknown)
ı	(Yes, no, or unkown) (Ifyesgive werordates of service)	3344 Mountain Road
1	yes   WW 1 216 10 7530   Mrs	s. Roberta Tribull Pasadena, Maryland
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Coronary OCC	Instant
1	DUE TO	
1	Conditions, if eny, which (b)	
ł	geve rise to immediate cause (e), stating the underlying DUE TO	
1	cause lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	OATE	YES NO X
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  DESCRIBE HOW INJURY OCCURED. (E  PRIMARY   or CONTRIBUTING    C CAUSE OF DEATH.	nter nature of injury In Pert I or Pert II of item 18.)
١		
ı	t <sub>rad</sub>	CE OF INJURY (Home, ferm, '2Df. (City or town) (County) (Stete)
1	Hour e.m.  p.m.  While Not While et work et work	ory, silear, office biogr, arc.,
1	21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection X, Inquiry , and in my opinion
	death resulted from: Natural causes X. Accident . Suici	de , Homicide , Undetermined manner
1		CHIEF MEDICAL EXAMINER
	SIGNATURE John Morce	ASSISTANT MEDICAL EXAMINER DATE SIGNED
		DEPUTY MEDICAL EXAMINER 1 12/5/61
	examiner's John Mace Jr.	Address (Street, city, town, or county)
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	
	Burial 9th Oec.1961 Glen Haven Mei	morial Park Glen Burnie, Maryland
1	23. FUNERAL DIRECTOR . ADDRESS	248. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
	Tuckard V. Singliton Glen Burnie	, Md. DATHER 19 169 arting & Know
		The state of the s

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Jacob State State of the Land of the Land

13893 1. PLACE OF DEATH a. COUNTY filed Dorchester, Co. MARYLAND funerol b. CITY OR TOWN (if autside carparate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) should Cambridge, Md. d. NAME OF HOSPITAL (If nat in hospital, give street address)
OR INSTITUTION Cambridge Md. Hospital NAME OF First Middle DECEASED (Type or print) James 5. SEX 6. COLOR OR RACE 7. MARRIED 19 NEVER MARRIED Male White WIDOWED T DIVORCED [ popers. during most of working life, even if retired) Truck Driver Oil Co. 13. FATHER'S NAME James C. Mowbrav 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes World War 11 Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit CERTIFICATION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year Haur a.m. While Not while at wark ot wark 21. I certify that I oftended the deceased from. PHYSICIAN'S NAME (Type) m

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. DistaNos 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Md. Dorchester Co. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Cambridge Md. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO D 901 Roslyn Ave. 4. DATE Month Day Yeor OF DEATH Mowbray 19 Dec. 67 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Manths Days Hours 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Cambridge, Md. U.S.A 14 MOTHER'S MAIDEN NAME Olevia Harrington 17. INFORMANT Address Mrs. James C. Mowbray INTERVAL BETWEEN ONSEL AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) factory, street, affice bldg., etc.) 19\_\_\_\_,that I lost sow the deceased and that death occurred at. M, from the couses and on the date stated above. 220. SURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar county) REMOVAL (Specify) Dorchester Mem. Park Cambridge 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Cambridge Md. LeCompte Funeral Service DATE DEC 2 1 '61 Chilber S. Francis

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FOR STATE HEALTH DEPT

printy MEDICAL EXAMINER: This certificate should be executed within 24 hours after death any delay is necessary, piesse execute the cartificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1-and 2 with the State Board of Heelth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 fiqurs after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13894EDICAL EXAMINER'S CERTIFICATE OF DEATH 13866 13866

1. PLACE OF DEATH			2. USUAL RESIDE	NCE (Where decessed lived, If in	stitution: Residence before edmission)					
Dorcheste:		MARYLANI								
b. CITY OR TOWN (if write RURAL and	outside corporete limits give neerest town)	c. LENGTH OF STAY IN		(If outside corporete limits, write l	RURAL end give neerest town)					
rural Camb		8 years	Grasonvi	110	11X.2.					
d. NAME OF HOSPITA	AL OR INSTITUTION (if	not in hospitel, give street eddress)	d. STREET ADDRESS	5	e. IS RESIDENCE					
		osp. Cambridge, Md			ON A FARM? YES \( \sqrt{NO} \)					
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yeer					
(Type or print) Mau	de	Coursey	Newcomb	DEATH Decemb	er 15 1961					
S. SEX		7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years   I						
female	white	WIDOWED DIVORCED	Sept.13, 188		Months Deys Hours Min.					
10a. USUAL OCCUPATION done during most of world		106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SIE)	e or foreign country)	12. CITIZEN OF WHAT COUNTRY					
housewife	ang me, even n remee	1	Maryland		U.S.A.					
13. FATHER'S NAME			14. MOTHER'S MAIDEN		0.00					
Charles O	Coursey		Alice R	thodes						
15. WAS DECEASED EVE			. INFORMANT	Address						
no	493 8 149 MOI OI GOIOS OI 361		Medical Rederd	ls. Eastern Shoe	e State Hosp.					
	ATH [Enter only one	cause per line for (e), (b), end (c).	edical meder	De Dep Gerif Dime	I INTERVAL BETWEEN					
	WAS CAUSED BY:	Manufacture 7 mg	and a		ONSET AND DEATH					
Des!	MMEDIATE CAUSE (e)_	Terminal pr	le umonta		3 days					
113	DUE TO									
Conditions, if eny,	which ) (b)_	Fracture ne	ck right femu	r	10 days					
geve rise to immedie	DITE TO									
(e), sleting the un cause lest.	derlying									
	SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY					
6					PERFORMED?					
5					YES NO L					
PART II. OTHER  20%. EXTERNAL CAL  PRIMARY [X or CON  CAUSE OF DEATH.	USE WAS 20	b. DESCRIBE HOW INJURY OCCURED		art I or Pert II of item 1B.)						
		Slipped and fe	ITT th ITOOL							
20c. TIME OF INJUR	Y Month, Dey, Yeer		PLACE OF INJURY (Home, fac	rm, 20f. (City or town)	(County) (State)					
20c. TIME OF INJUR	12-6-61,	While Not While et work at work	fectory, street, office bldg., et Hospital	Cambridge	Dor. Md.					
		1 (3:7)								
The second second		the remains described above,		Inspection K, Inquiry						
death resulted fr	om Natural cau	ises , Accident X, S	uicide, Homicide	Undetermined man	nner 🔛					
			CHIEF MEDICAL	EXAMINER						
ACTUAL	July	- nn>	M.D. ASSISTANT ME	DICAL EXAMINER	DATE SIGNED					
SIGNATURE		1		AL EXAMINER X	12/16/61					
EXAMINER'S NAME (Type)	Tohn Mos	700		, city, town, or county)	21,20,02					
22a. BURIAL. CREMATION	John Mac	22c. NAME OF CEMETERY		22d LOCATION (City, town, of	or country) (State)					
REMOVAL (Specify)	10:10	ale Blinte		10, -0.	1 12. 1 1					
Devial	1 Nec 19-1		evel	- Culleville	2 Mary Cans					
28. FUNERAL DIRECTOR	1 1-1	ADDRESS		C'D BY REGISTRAR   24b. REGIS						
V/ revert Day	and Volution	Des Millevelle	and DARE	C 2 6 '61   arthu	of S. Kraus					
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12/11/63			•15	esal miot,	

TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co. By the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 5. 10a do 13. 15. (Ye MEDICAL CERTIFICATION 23a Cambridge, Md. FUNERAL DIRECTOR'S EIGNATURE

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	N	ARYLA	ND STATE DE	PAR	TMENT OF	HEALT	Н			
4 .	STATISTICAL I	RESEARC	CERTIFICAT	, 301 E O		STREET,	BALTIMOR	E 1, MAR	YLAND	
20	JJJ T.	2	Film G304	7 //1	162 iwk			138	5/	
PLACE OF DEATH			1110-0704	1 2.	USUAL RESIDEN	ICE (Where	deceased lived, If	institution: Re	sidence before	admission)
. COUNTY					a. STATE		b. COUN	NTY		. V
D	orchester		MARYLAND		Mary	land		Dorce)	作为并有本	
. CITY OR TOWN (if	outside corporate limi give nearest town)	is,	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN	(If outside co	rporata limits, write	e RURAL and	give neerest to	wn)
C	ambridge				CAMIS	ridge	Baltimor	e 29.	Md.	
. NAME OF HOSPITA	AL OR INSTITUTION (	f not in hospi	lat, give street address)		d. STREET ADDRESS			21/01	/ lae, 15	RESIDENCE A FARM?
Glasgow K	onvalescen	t Nome			/37.9	G1ehb	wind / Note/	~ · ·	YES	NO J
NAME OF	First		Middle		Last	4. DATE	Mont	h	Day Ye	er
DECEASED						OF				
(Type or print)	Dora		Collins		North	DEAT	H Decembe	er 28.1	967 19	)
SEX	6. COLOR OR RACE	7 MAPPIED	NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In yeers			ER 24 HRS.
		7. MARKIED	I HEACK MOUNTED				last birthdey)		ays Hours	Min.
Female	White	WIDOWED	DIVORCED _	Jan	uary 2.18	85	76 yrs.			1
USUAL OCCUPATION of work	ON (Giva kind of work king life, even if retire	d) 10b. KIN	D OF BUSINESS OR INDU	STRY 11.	BIRTHPLACE (Cou	nty & State,	or foreign country)	12. CITIZ	EN OF WHAT	COUNTRY?
Iomemaker		CO HE M			Snow Hill	FM F		T	L.S.	
FATHER'S NAME				1.14	MOTHER'S MAIDEN	NAME			L. D.	
					Me Man o Minio and					
TT	Collins			-0.3	Til- Char					
WAS DECEASED EVE	R IN U.S. ARMED FOR	CES?   16 S	OCIAL SECURITY NO 1 17	INFO	Lily Snot	W	Address			
s, no, or unkown)   (If	yes give wer or detes of s	ervice)	Deirie Secontiff No. 17		********		7144103			
NO		M	M.	N	Co	176	C+ P	a ma w	. 7 4 -	00 1/3
	EATH [Enter only one	couse per lin	one M:	1.2 · M	orman Scot	Ma, DTO	Stamior	1 Kd.,	PATE PATE	FYVANICE
		Couse por III	8 101 (a), (b), and (c).						ONSET AND	DEATH
	MAS CAUSED BY:	Ma	water						2me	7)
3341	MINIEDIATE CAUSE (0)	000								- Nacional Control of the Control of
-2	DUE TO	0							1	
Conditions, if eny,	which >	Je	nill Da	10	Twake				15 420	
gave rise to immedie			1/20	7						
(a), steting tha un	DIJE TO	n.	1 /		_	_			)	
cause lest.	dellying	1/11	1100 -6	201	11.1.	17			~	
	) (c)	UUU	-19	ru	ness	9			1 1 10 11110	
PART II. OTHER	SIGNIFICANT CONDI	TIONS CONT	RIBUTING TO DEATH BUT	NOT REL	ATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PART 1		AUTOPSY ORMED?
									YES T	NO 1
									1153	140
20e. ACCIDENT WA	S UNDERLYING	20b. DESC	RIBE HOW INJURY OCCUI	RED. (Ente	er nature of injury in	Pert I or Pert	II of item 18.)			
OR CONTRIBUTING	MEDICAL EXAMINER									
(IF ETIMEK, NOTIFT	MEDICAL EXAMINER									
20c. TIME OF INJUR	Y Month, Dey, Ye	er   20d. IN			F INJURY (Home, far		ity or town)	(Count	y)	(State)
Hour e.m.		While	1401 44 11110	factory, s	treet, offica bldg., etc	c.)				
p.m.	19	at work	et work			1				
	. (1) (-1.1. 1. 1.	12 1	1 1 1 1 1			1059	D- 28	10/	(11.11)	( \ l==1
21. I certify in	at (I) (this hospi	al) affende	ed the deceased from 19. and the	m		8 7.5% A	0	, 17.5	(i)	(Me) 1921
saw the decease	ed alive on.	~ 28	19 and th	hat dea	th occured at	M. fro	m the causes	and on th	e date stat	ed above.
220. SIGNATURE				1						2b. DATE
220. SIGNATURE	1	1-		- 77	ATTENDING .	MED.	STAFF			SIGNED
100	V acros	200	n	M.D.	PHYS.	DIRECTOR	PHYS.			
22c. PHYSICIAN'S	1				22 ADDRESS	-				
NAME (Type)	11/17		1		( card	-11-	1000	1		
	2. M. W	Our	5502		Comment	Male	Vue	(		
OUDIAL CREATER	ON LOOK DATE THE	1505	23c. NAME OF CEMETER	DV OP C	PEMATORY	1811 16	CATION (City, to	wa or county)		(State)
REMOVAL (Specify)	ON, 236. DATE THE					1000				
Burial	Dec.30,	1961	All Hallows	Chu	rchyard	Sno	ow Mill,	Md.		
1							ISTRAR 25b. RE		GNATINE	
FUNERAL DIRECTOR		- 1	Cambridge,	Md.			100			
Kon oth	* JE AURI	9-1	The state of the s		DATE	JAN 2	02	arilun &	. Muna	

DATE

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## MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13896 CERTIFICATE OF DEATH DIVISION 13868

1. PLACE OF I	DEATH			2. USUAL RESIDENCE (Where decaesed lived, If Institution: Residence bafore edmission)							
a. COUNTY	Danahaadam		MARYLAND	Maryland b. COUNTY Dorchester							
b. CITY OR TO	Dorchester OWN (if outside corporate lim	its,	c. LENGTH OF STAY IN 16								
Write KUK	AL end give nearest town)		25 70070	13 Co	mbride	7.0					
d. NAME OF	Cambridge HOSPITAL OR INSTITUTION	if not in hos	35 years		T ADDRESS	50			e. IS RES	IDENCE	
									ONA	FARM?	
Cambr	idge-Maryland	Hospi	tal	·II 20	9 Byrr	a Stre	et		YES	NO X	
3. NAME OF DECEASED	First		Middle	Last		4. DATE	Mont	h Da	y Year		
(Type or print)	Pearl		William	Nor	th	DEAT	H Decembe				
5. SEX	6. COLOR OR RACE	7. MARRIEL	NEVER MARRIED	8. DATE OF BIE	RTH		9. AGE (In years last, birthday)				
Male	White	WIDOWE	DIVORCED [	Sept.13	.1887		74 yrs.	Months Days	Hours	Min.	
10a. USUAL OC	CUPATION (Giva kind of world of world of working life, avan if retire	k   10b. KI	ND OF BUSINESS OR INDUS	TRY 11. BIRTHP	LACE (Count	ty & Stata, o	r foraign country)	12. CITIZEN	OF WHAT CO	DUNTRY	
	erman self emp	ma		Win	gate,	Md.		Constitution of	U.S.		
13. FATHER'S NA				14. MOTHER	_						
T.	Villiam North			Lou	isa Wi	ngate					
15. WAS DECEAS	SED EVER IN U.S. ARMED FOI	RCES?   16.	SOCIAL SECURITY NO. 17.	INFORMANT	Г		Addrass	5	LE KON		
No No	wn)   (If yes give war or dates of	sarvice)	Wi	llard M	.North	,212	Brooklet	s Ave.,E	aston,	Md.	
18. CAUSE	OF DEATH [Enter only one	cause par li	ne lor (a), (b), and (c).]	.1				1 1	TERVAL BETW	VEEN	
PART I	. DEATH WAS CAUSED BY:			Than				0	2 - LE		
1/3	IMMEDIATE CAUSE (e)		arcino	ment during	4.07	100					
16-	DUE TO	1	1 ()		1				172		
	if any, which (b)		Many Le Ve	- me	6-6	Tolder	- Leonite	_	10 719		
	the underlying DUE TO			0				100			
cause last.											
Z PART II.	OTHER SIGNIFICANT COND	TIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS AU	TOPSY MED?	
TAT										10	
OR CONTRIB	ENT WAS UNDERLYING [] OUTING [] CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURE	D. (Enter neture	of injury in F	Part I or Pert	Il of item 18.)				
ZOC. TIME O	OF INJURY Month, Day, Ya	ar   20d. I	NJURY OCCURRED   20e. PL	ACE OF INJURY	(Home, farm	, ; 20f. (Ci	ty or town)	(County)	(5	Stete)	
20c. TIME O	a.m. p.m. 19	While at work	THOI WILLIAM	ctory, street, olfic	ce bldg., etc.	.)					
21. I cert	tify that (I) (this hospi	tal) attend	ded the deceased from	5	2	19.61 to	12-7	1961	that (I) (x	e) las	
	deceased alive on										
22e. SIGNA						,				DATE	
220.	W Son	مان ما بديد		M.D. PHYS.		AED.	STAFF PHYS.			SIGNED	
22c. PHYSIC				22d. AD	DDRESS			_			
NAME	(Type)										
	REMATION, 236. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATO	RY	23d. LO	CATION (City, to	wn or county)	(Ste	te)	
REMOVAL (S		61	Dorchester Me	morial	Park	Cam	bridge,	Md.		44	
	RECTOR'S SIGNATURE	-	ADDRESS		250. REC		STRAR 256. RE		ATURE		
K.		المدار	Cambridge,		DATPEC	5 '6'	1 un	Muy S. tha	us		
Tunn	my - July	WC6	· Lambridge .	1d.	DATE	-					

TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

Yellow The Funeral Directors: After this certificate has been signed by the attending physician and control of the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

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THE PARTY CONTRACTOR SERVICES AND AND ASSESSED.

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FOR STATE TO EDUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3. Itemstal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death.

> VS. A1SME 5M 7/S9

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13897 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 40000

	Thom 8 Th:	7-0201 70	100/67			
1	PLACE OF DEATH	1111 U ) U 12		CE (Whare daceasad livad, If		e before admission)
1	Dorchester	MARYLAND	a. STATE Marvle	b. cour	Dorches	ter
1	b. CITY OR TOWN (if outside corporate limits,   c. LE	NGTH OF STAY IN 16		If oulsida corporate limits, writ		
	write RURAL and give nearest town)		12 -			
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g	years	d. STREET ADDRESS	idge		Is Designation
	d. NAME OF HOSPITAL OR INSTITUTION (II III) III III III)	ive sireer address)	d. STREET ADDRESS			a. IS RESIDENCE ON A FARM?
	401A Wughlett St.		401A I	Mughlett St.		YES NO X
3	NAME OF First	Middle	Last	4. DATE Month	h Day	Year
	(Type or print) Solomon	Kirwan	Phillips	75.77 W 100.44	r 16,1961	19
-5	. SEX 6. COLOR OR RACE 7. MARRIED .	NEVER MARRIED 18	DATE OF BIRTH	70   9. AGE (In years	IF UNDER 1 YEAR	
	WINDWED [	DIVORCED []	70	last birthday)	Months Days	Hours Min.
H	Male		December 22.	1880   81 ALE	1 12 CITIZEN OF	WHAT COUNTRY?
	done during most of working life, even if retirad)	DOSINESS OK INDOSEK	II. DIKTHICACE (Sidio	or toreign country)	12. CITIZEN OF	WHAT COUNTRY
E	etaliaterman self employed		Fishing	Creek, Md.	U.S.	
F	J. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
4	Augustus Phillips		Amelia	Marper		
1	S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIA	L SECURITY NO. 17. I	NFORMANT	Address		
1	Yas, no, or unkown) (Ifyesgivawarordatesofservice)	Mnc	Tardin C Dhi	liana /Ola Mare	h3 a++ 6+	Camboni Jac
-	1 18. CAUSE OF DEATH [Enter only one cause per line for	(a), (b), and (c),	Thata politi	llips,401A Hug		CAUDIT TORE
	PART I. DEATH WAS CAUSED BY:	m 000]			ONS	ET AND DEATH
	IMMEDIATE CAUSE (a) OUT OTTAL	ry occlus:	LON			O Mins.
	4201 DUE TO					
1	Conditions, if any, which (b)					
	gave rise to immadiata causa (a), stating the undarlying  DUE TO					
	cause last.					
13	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART I(a)   19	. WAS AUTOPSY
1 E					YI	PERFORMED?
212	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HO	W INTERV OCCUPED IF	ntar nature of Injury in Part	Lor Part II of item 18.1	11	S NO X
CEDITICATION	PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	The state of the s				
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY		CE OF INJURY (Homa, farm		(County)	(Slata)
1	Hour a.m. Whila No	of While factors work factors	ory, street, office bldg., atc.	)		
1	21. I certify that I took charge of the remains of	Brownd 1	ld an Autonsy	Inspection K, Inquir	y D and i	n my opinion
						ii iily opinioli
1	death resulted from Natural causes K. Ac	cident, Suici		, Undetermined m	lanner	
	2	0	CHIEF MEDICAL E			
	ACTUAL SIGNATURE SELLE MI	- Zela	M.D. ASSISTANT MEDI	ICAL EXAMINER	DF	TE SIGNED
	EXAMINER'S		DEPUTY MEDICAL	EXAMINER 12/	18/61	
	NAME (Type) John Mace Jr. M.		Address (Street, c	ity, town, or county) Carr	bridge.	Md.
2	2a. BURIAL, CREMATION, REMOVAL (Spacify) 22b. DATE THEREOF 22c. N	NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town	, or country)	(State)
-	Buris Dec. 19, 1961 Gre	enssLawn Cem	etery 124 DEC	Cambridge, M	G.	D.F.
1	7112	DUNESS	24a. KCC			
1	Leweth A. House Co	mbridge M.	DADEC	26'61   Civil	wor S. Trans	
-		2 611	4.9			

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within 24 hours after	ours after death	N 91
certificate be executed bhysician and company	any event, within 72 h	
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after page 4 may be retained by the hospital or attending physician.  \$ \times 0	cremation, or removal, and in	
INDING PHYSICIAN: The aired by the hospital or after R: After this certificate has be described for use as the burn	of Health prior to burial,	
Page 4 may be reft of FUNERAL DIRECTOR	be filed with the State Dep	1
VR A1:	5 (4)  60	BA

10e 13.

MEDICAL CERTIFICATION

MARYLAND STATE DE	PARTMENT OF HEA	ALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS	301 W. PRESTON STR	EET, BALTIMORE 1, MAR	YLAND
13898 CERTIFICATI	OF DEATH	138	8'20
PLACE OF DEATH	2. USUAL RESIDENCE  WI	nere deceased lived, If institution: Resi	dence before admission)
a. COUNTY DECKESTES MARYLAND	a. STATE	b. COUNTY	and a
b. CITY OR TOWN (if outside corporate dimits.   c. LENGTH OF STAY IN 16	c. CITY OR JOWN (If outside	e coporete limits, Arrite RURAL end gl	ve neerest lown)
Write RUKAL and give heerest town 3 Dack	X de	las!	
d WANTE OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e, IS RESIDENCE
Till There	1 di sincer riosness		ON A FARM?
Tiske I wrong Home			YES NO
NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)	Lest 4. D.		/ 19 Co /
SEX / 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years   IF UNDER 1 YE	
take unile WIDOWED DIVORCED	3/1/1900	yrs. Months Dey	s Hours Min.
. USUAL OCCUPATION (Give kind of work during post of working life, even if retired)	RY 11. BIRTHPLACE (County & Sh	ete, or foreign country) 12 empt	N OF WHAT COUNTRY?
Jaming	Tenu	eky a	, , ,
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	11-4.1	' )
Irin Juga	Xucin	the Chile	ms!
WAS DECEASED EVER IN U.S. ARMED ORCES? 16. SOCIAL SECURITY NO. 17, s, no, or unkown) (Ifyesgivewerordalesofservice)	MA ME PARKET	Address 11h	last mil
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	to the cont	regio, Timo	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	reciu milton		HAMO DEATH
181:0 DUE TO	0.		
Condition 11 1115	7 Modelen		5 405
geve rise to immediate cause			70
(a), steting the underlying DUE TO			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT BELATED TO THE TERMINAL DIS	EASE CONDITION CIVEN IN DART I	VIOLULA SAME OF IL
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT N	OF RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART ICE	PERFORMED? YES NO
208. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter netura of injury in Part I or	Part II of itam 18.)	
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL.	ACE OF INJURY (Homa, farm, † 20f	. (Cily or town) (County	(Steta)
Hour a.m. While Not While	clory, street, offica bldg., atc.)		
p.m. 19 at work at work	1		
21. I certify that (I) (this hospital) attended the deceased from		, to./2/2/	
saw the deceased alive on 1.2/2/	death occured are w.m.,	from the causes and on the	
220. SIGNATURE B. Terrano	ATTENDING MED. PHYS. DIRECTO	R PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S	22d. ADDRESS	90.	
Harold B. Flummin 1810	Treston	Thory louch	

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City/town or county) BURIAL, CREMATION, 23b. DATE THEREON DATE DEC 2 7 61 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTORS SIGNATURE

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rchester	Co.	

# CERTIFICATE OF DEATH

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19933	CERTITION	AIL OI DEAIL		Re	g. Dist. No.	1 经10 0 13
PLACE OF DEATH  o. COUNTY		2. USUAL RESIDENCE (Whe		If institution: I	Residence before	admission)
Dorchester Co.	MARYLAND	Md.	-		orchest	er Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporate lin	nits, write RURA	L and give near	est town)
Linkwood Md.	Life	Klinkwood, Mo	d.			
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS			e	. IS RESIDENCE ON A FARM?
Linkwood, Md.		Linkwood, Mo	d.			YES NO
NAME OF First DECEASED	Middle	Lost	4. DATE	Month	Doy	Yeor
(Type or print) Mary	Mears	Roberson	OF DEATH	Dec.	31,	19 61
SEX   6. COLOR OR RACE   7. MARK	HED NEVER MARRIED	B. DATE OF BIRTH	9. AG			FUNDER 24 HRS
Female White widowi	DIVORCED [	Dec. 7, 1891	70	yrs. Me	onths Days	Hours Min.
a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote o	or foreign country)		12. CITIZEN OF	WHAT COUNT
Housewife	None	Linkwood,	Md.		U.S.A	
. FATHER'S NAME		14. MOTHER'S MAIDEN NA				
James C. Mears		Martina	LeCompte			
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
Yes, no or unknown) [If yes, give war or dates of service) NO	one J	James C. Mears	T	inkwood.	Md.	
18. CAUSE OF DEATH [Enter only one couse per lin						VAL BETWEEN
PART I DEATH WAS CAUSED BY					ONSE	T AND DEATH
IMMEDIATE CAUSE (o)	CRONAR	Y EMBOL	20			HR
T DUE TO						1/
Conditions, if any, which ) (b)	CORONAR	Y HEAR	T D	SEAS	E 1	12 MO
gave rise to immediate	201-11110	1 1 1 1 1 1 1 1				
couse (o), stoting the under-					15. (1)	
lying cause lost. ) (c)	CONTRIBUTING TO DEATH BUIL	A NOT BELL TED TO THE TERM	IAL DISEASE COL	DITION CIVING		WAS ALITORS
PART II. OTHER SIGNIFICANT CONDITIONS C  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONIRIBUTING TO DEATH BUT	I NOT KELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN		PERFORMED?
						YES NO
206. ACCIDENT WAS UNDERLYING TO 206. DESCRIPTION OR CONTRIBUTING TO CAUSE OF DEATH	TRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	art I ar Port II of i	tem 18.)		
		ACE OF INJURY (Home, form, etory, street, office bldg., etc.)	20f. (City or tow	n)	(County)	(Stote
Hour o. m. p. m. 19 While at worl	k at while	erory, sircor, office ologi, ele.)				
21. I certify that I attended the decease	nd from 11 / 2-8	1961 to	12-/31	10// 11	-A I I1	Alexander and
1 / 20 /	1	24	/			w the deceas
olive on 195	, and that death	occurred at 12 A				
		^	DDRESS (Street, ci	ty or town, state	e)	DATE SIGN
SIGNATURE alfed R.m.	veryanov.	M.D. 136	PACE	ST		1/2/
PHYSICIAN'S ALFRED P	MARYAN	EV CAN	BRID	CEN	10	
O. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (	City, town, or co	ounty)	(State)
REMOVAL (Specify)  Jan. 3, 1962	Dorchester N		Cambri		Md.	
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR		R'S SIGNATURE	
LeCompte Funeral Service	Cambridge. N		N 1 0 '62			
recompre Limerat Selatce	Califor Tose 1	TUA DATE JA	N 1 11 'b2	4 4 4 4 1	. H 9 45	. 0

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 MERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely bage 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. If the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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VS A15 (4) 1SM 9/SS

	MARY	LAND	STATE DEPART	MENT OF HEALTH	H-BAL	TIMORE, 1	8			
	13901		CERTIFIC	ATE OF DEATH	Н		Reg. D	ist. No	14	661
. PLACE OF DEATH		Predictive of the second	44484444	2. USUAL RESIDENCE (WI	here deceased	l lived. If institution b. COUNTY		ence befo	re odmis	sion)
	orchester		MARYLAND	Harylan			Dorc	hest		
RURAL and give		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		rote limits, write f	URAL and	give ne	prest low	0)
	oridge PITAL (If not in hospital, g	ive street o	ddraus	d. STREET ADDRESS	ige				e, IS RES	CIDENICE
OR INSTITUTIO	N		and Hospital	Route #	2				ON A	FARM?
B. NAME OF DECEASED	Fi	st	Middle	Lost Ø	4. DATE	Moi		Do	у	Yeor
(Type or print)	Anit	_	Louise	Sampson	OF DEATH	Decem		28		19 6.
5. SEX	6. COLOR OR RACE		ED NEVER MARRIED		7	9. AGE (In years lost birthday)	Months		IF UND	ER 24 HR
Female	Colored	WIDOWED		12-27-61		yrs.			64	0
Da. USUAL OCCUPA during most of w	TION (Give kind of work orking life, even if retired	done 10b. K	IND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stole	or foreign co	ountry)			OF WHAT	
				Maryland				Unit	ed S	tate
3. FATHER'S NAME				14. MOTHER'S MAIDEN						
	Alexander S			Sarah Pe	arline	Stanley				
S. WAS DECEASED E	VER IN U. S. ARMED FOR	CES7 16. S	OCIAL SECURITY NO. 17.	INFORMANT		Add	ress			
				Hospital Re	cords					
18. CAUSE OF E	DEATH [Enter only one co	use per line	for (a), (b), and (c).]					INT	ERVAL BE	TWEEN
PART I. D	PEATH WAS CAUSED BY:	,	Prematurity &	E Immaturity				UN	SEI ANU	DEATH
ーカ	DUE TO									
Conditions, if		(	32 Weeks - W	rt1 15 110z						
gove rise to	immediate (		00 1100220 117	3 4						
lying couse los	ng the under-									
		DITIONS CO	ONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	INAL DISEASI	CONDITION GIV	/FN IN PA	PT 1(a)	O WAS	AUTOPS
	Janes Grotter Core		STATE OF SEATING	DI TIOT REDITED TO THE TERM	MAL DISEASE	CONDITION	EIN IIN IA	(0)	PERFC	DRMED?
PART II. C	WAS INDERIVANCE TO	201 DECC	BIRE HOW IN HURY OCCUR	DED IE-1	D 1 D	11 -6 '1 10 1			YES [	NO
OR CONTRIBUTION	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	200. DESCI	KIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	roft   or roft	II OT HEM IS.)				
20c. TIME OF INJ		or 20d. IN. While	JURY OCCURRED 20e.	PLACE OF INJURY (Home, form factory, street, office bldg., etc.	n, 20f. (City	or town)		(County)		(Stot
р. п	10	at work	at work							
21. I certify	that I attended the	decease	d fram 12-27	, 1961 , ta_1	2-28	1961	that I	last so	aw the	deced
alive an	12-28	19	61 and that dea	7.00	P M from	the causes				
			, and man dea			reet, city or town,		ine du		ATE SIG
ACTUAL	(Odsiel	6 4	4. (1)0-SP	un 15 Locus	t St		1	12-28	961	
SIGNATURE	- Colored	1	111	M.D15 Locus				2-2	3-01	*-*
PHYSICIAN'S NAME (Type)	Dr. Eldrid	co H.	Wolff	Cambridg	e Mar	vland				
						~~~~~~~~				
REMOVAL (Speci	TION, 22b. DATE THEREO		22c. NAME OF CEMETERY			ION (City, town,			(Stot	
burlal	12/29/1	961	Cordtown (			hester				
3. FUNERAL DIRECTO	DR'S SIGNATURE	1	ADDRESS	24o. REC'	D BY REGIST	RAR 24b. REGI				
(chart)	VIIIKEL	als	Cambri	dge, Md. DATE	UN 10'6	06	لد آسه	i. Tua	wh	
0 3	2/17/00	nd	5							
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		Daniel Daniel Daniel	
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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH 13902 a. COUNTDOTCHESTER MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution, R a. STATE Maryland b. COUNTY T	albet
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  rural Cambridge  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end Longwoods, Md	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  Fattern Shore State Hospital	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM? YES NO
3. Name of Deceased (Type or print) Lavenia Abigail	Sharp OF DEATH 12/ Month	9 Yeer 19 19 19 19 19 19 19 19 19 19 19 19 19
S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 12/1/ 1881 (1881) 9. AGE (In years IF UNDER 1 yes. Months If	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUST  HOUSEWORK	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITI  Maryland	U.S.A.
13. FATHER'S NAME William H. harp	14. MOTHER'S MAIDEN NAME Emma & Tapman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT dical Records, ESSH Cambridge, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  Wyocardial failure		onset and death  3or 4 days
Conditions, if any, which (b)	iosclerosis	years
(e), stating the underlying cause last.    Chronic Rheumatoic   Chronic	d arthritis	years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED YES NO
208. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D, (Enter natura of injury in Pert I or Pert II of item 18.)	
	ACE OF INJURY (Home, ferm, clory, street, office bldg., etc.)	ity) (State)
21. I certify that (this hospital) attended the deceased from saw the deceased alive on		that (I) (we) las
22e. SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
NAME (Type) John F. Schnieder	Easton, Md	
001111		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BUrial 1/1/62 Greenmount		) (State)

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VS A1S (4) 15M 9/S5

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		13903	It	CERTIFIC	CATE	OF DEAT	nh H		Reg. Di	13	87	2
	PLACE OF DEATH b. COUNTY	Dorcheste	er	MARYLAN	11 6	JSUAL RESIDENCE (W b. STATE Mary	_	d lived, If Institution b. COUNTY			e odmis	
	RURAL ond give ned	idge		c. LENGTH OF STAY IN 1  6 mos.  address)	1	Camb	outside corpo		JRAL and g	lve ned	e, IS RES	SIDENCE
	OR INSTITUTION P	ine Stree	et			409	Pine	Street				FARM?
	NAME OF DECEASED (Type or print)	Willia	am	Middle John		hockley	4. DATE OF DEATH	Decemb	er	16		Yeor 1961
5. 5	Male	6. COLOR OR RACE Negro	7. MARR	DIVORCED		eb. 5. 1	888	9. AGE (In years last birthday)	Months	Doys	Hours	ER 24 HRS. Min.
	during most of working Labor	ing life, even if retired)		kind of Business or in Railroad		Wicomic	o Co.		12. CIT	US		COUNTRY
		aniel R		ockley			Mary	Shephe:				
15. (Yes		IN U. S. ARMED FOR	rvice)	6-01-7431	7. INFOR		ley,	Cambrid		Md.		
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  DY, which  Description (b)	87	ne for (o), (b), and (c).]  Cardiac De  Arteriosc				e <b>ase</b>				ETWEEN DEATH
7	couse (a), stoting the lying couse last.	) (c)										
CERTIFICATION				CONTRIBUTING TO DEATH					EN IN PART	1 1(0) 1	PERFC	RMED?
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY )	CAUSE OF DEATH !	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (En	ter noture of injury in	Port 1 or Par	rt II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yeo	while	Not while at work	factory.	OF INJURY (Home, for street, office bldg., et	c.)			County)		(State)
	400	at I attended the				, 19 <u>61, ta De</u> urred at <u>8</u>	_DM, frai		nd an th		le state	
	ACTUAL	There	-0		M.D.2	227 Pine	St.,	Cambrid	ge,	Md.	1.2	/16/
	PHYSICIAN'S J.	Edwin F	asse	ett.M.D.		- 11 - 11 - 11						

BURIAL, CREMATION, REMOVAL (Specify) BURIAL 22b. DATE THEREOF Burial 12/20/1961

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

Waugh Cemetery Cambridge Maryland 240. REC'D BY REGISTRAR DEC 2 7 61

Cambridge. DATE

(Stote)

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	d sept and S. fr			00
NAME OF TAXABLE	CONTRACT MANY CONTRACT		SHIPTING .	
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HIZELD -				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	-	~	V	37	

Reg.	Dist.	No.?	QH	72

										THE RESERVE	
1. PLACE OF DEATH o. COUNTY	Dorchester (	lo.	MARY	LAND	2. USUAL RESID	Md.	ere deceose	d lived. If institut b. COUNTY	,		odmission)
b. CITY OR TOWN	(If outside corporate limi	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	TOWN (If or	utside corpo	prote limits, write			
Church C	reek, Md.		23 Years		X Church	h Cree	k. Mo				
	PITAL (If not in hospital, a	ive street	oddress)		d. STREET A					•.	IS RESIDENCE
	Creek, Md.				Churc	ch Cre	eek. N	ld.			YES NO
3. NAME OF DECEASED (Type or print)	Ida.	'st	Middle Barton		Smith	1	4. DATE OF DEATH	Мо	nth	Doy	Yeor 19196
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	EDT	B. DATE OF BIRTH		/ 13	9. AGE (In years	IF UNDE	R I YEAR IF	UNDER 24 HRS.
Female	White	WIDOW		_	12/21/87	1882	2	lost birthday) 78 yrs		Doys I	Hours Min.
100. USUAL OCCUPA	TION (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUS				10.		TIZEN OF	WHAT COUNTRY
None None	orking life, even if retired	)	None						7,		
13. FATHER'S NAME			MOHE	***************************************	14 MOTHER'S	MAIDEN N				I.S.A.	
	el Barton										
	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	117. IN	FORMANT	mown		Adr	iress		
(Yes, no or unknown)	(If yes, give wor or dates of s	ervice)				-					
No	PEATH [Enter only one co		Vone		S. L. E.	Trav	rers	Church	Cree	k, Mo	}
332 Conditions, if gove rise to	immediate (	a	ullifelo	ser	lecase	29,0	cu	bral, Malegal	eyul		MAND DEATH MAS
lying couse los		1									
PART II. C	OTHER SIGNIFICANT CON	-	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PAI		WAS AUTOPSY PERFORMED? TES NO NO
20a. ACCIDENT N	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter noture of	f injury in P	ort I or Por	t II of item 18.)			
Y 20c. TIME OF INJ Hour o. m	10	ar 20d. II While of wor	NJURY OCCURRED  Not while to work	20e. PLA foci	CE OF INJURY (Fory, street, office	Home, form, bldg., etc.)	20f. (Cit)	or town)		(County)	(Stote)
21. I certify	that I attended the	deceas	ed fram	Des	19.61	, ta_B	lec	23, 196,	_,that I	last saw	the decease
alive on	New 2 5	194	e, and that	death	accurred at.		_M, fran	n the causes	and an i	he date	stated above
ACTUAL SIGNATURE/	1. U.Th	on	Asson	^	A.D	an	ADDRESS (S	treet, city or town.	stote)	d /	2/26/6
PHYSICIAN'S NAME (Type)	Jamesl	1.7	hombs	302							/ /
REMOVAL (Speci			22c. NAME OF CEMI					TION (City, town,	or county)		(Stote)
Burial 23. FUNERAL DIRECTO		1961	Family Ce	mete	ry			bbins,	Md.	Chiature	
		rri oc		Md.		240. REC'D	BY REGIS	IRAK 246. REG	ISTRAR'S SI	GNATURE	
Lecompte	Funeral Ser	ATGG	ognini Tage	1100		DATE DE	0201	61		2 4 .	

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ed in by the funeral director, I and 2 shauld be filed with The peretained by the hospital or otherding physician.

Order REAL DIRECTOR: After this certificate has been signed by the ottending physician and completely page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pathe registror prior to burial, cremotian, or removal, and in any event within 72 hours ofter death. 10 E

VS A15 (4) 15M 9/55

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	Company of the compan	de E			
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		AND THE STATE OF T			This I II

# FOR STATE HEALTH DEPT.

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13905 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13874

-	a. COUNTY DO	rchester	MARYLAND	a. STATE Mary	land b. COU		ce before admission) lester
V		f outside corporeta limits, giva nearest town)	c. LENGTH OF STAY IN 16	c. city or town (	If outside corporate limits, write	a RURAL and giva	nearast town)
X	d. NAME OF HOSPI	TAL OR INSTITUTION (if not in	hospitel, give street address)	d. STREET ADDRESS			IS RESIDENCE     ON A FARM?     YES    NO    NO
	3. NAME OF DECEASED (Type or print)	Charles	Middle Elmer	Stewart	4. DATE Mont	- 1	Year 19 61
- 3	5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years last wirthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10	Male	Negro   wido	WED DIVORCED	2/2/1915	46 yrs.	Months Days	Hours Min.
	dona during most of wo Labor for 13. FATHER'S NAME	rking life, even if retired)	endering pla		nd	U.S.	F WHAT COUNTRY?
1		Ctawant			e Chester		
	Thomas		IC COCIAL CECURITY NO. 1 17	-			
	(Yes, no, or unkown)   (I	fyasgive werordetas of service)	16. SOCIAL SECURITY NO. 17.		Addres		
m	NO NO	EATH [Enter only one cause p		rs. Eva Ste	wart Linkw	ood, Md.	
	PART I. DEAT	I WAS CALISED BY	ronary occlu	sion			ERVAL BETWEEN LINSTENT
2	Conditions, if any geva rise to immedia, stating that u cause lest.	ete ceuse nderlying DUE TO (c)	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	nal disease condition giv	VEN IN PART 1(e) 1	9. WAS AUTOPSY PERFORMED?
	PART II. OTHER  DEPTH   DEPTH   DEPTH    ZD0. EXTERNAL CA  PRIMARY   OF CO  CAUSE OF DEATH.		CRIBE HOW INJURY OCCURED.	(Entar nature of injury in Par	t I or Part II of item 18.)	'	YES NO
	Y 20c. TIME OF INJU Hour a.m.	W		ACE OF INJURY (Home, fern ctory, street, office bldg., etc		(County)	(State)
Э	21. I certify th	at I took charge of the r	emains described above, h	eld an Autopsy 💢 ,	Inspection, Inqui	ry , and	in my opinion
ì	death resulted t	Natural causes		cide, Homicide	, Undetermined n	nanner	
7	ACTUAL SIGNATURE	John 7	week	M.D. ASSISTANT MED	ICAL EXAMINER		ATE SIGNED
4	EXAMINER'S NAME (Type)	ohn Mace Jr.	M.D.	DEPUTY MEDICA Address (Street,	L EXAMINER 12/	5/61 moridge	. Md.
	22a. BURIAL, CREMATIC REMOVAL (Specify, BURIAL		Salem Ceme	R CREMATORY	Salem, Dor.	n, or country)	(Stete)
1	23. FUNERAL DIRECTO		ADDRESS			SISTRAR'S SIGNATU	IRE
1	Herbert	St. Clair (	Cambridge, Md	DATEDE	C11'61 ~	Mondi W. I day	

TO EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after dealthing to delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is a funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremetion, or removal, and in any event within 72 hours effer death. VS. AISME 5M 9/6D

T3995 / 49951 A REPORT OF THE PROPERTY OF TH Control of the Contro Respectively Williams and Tables

# SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 d in by the funeral director, and 2 shauld be filed with

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13906

**CERTIFICATE OF DEATH** 

Reg. Dist No. Olar

1. PLACE OF DEATH o. COUNTY Doz	rchester C	0.	MAR	YLAND	2. USUAL RES	Md.	ere deceased liv	ed. If institution b. COUNTY	Dorche		
b. CITY OR TOWN (If RURAL ond give nec	outside corporate lim-	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (If o	utside corporote	limits, write RL	JRAL and give	nearest to	own)
Cambridge	, Md.		5 Days		X Cambr	idge R	FD # 3				
d. NAME OF HOSPITA	L (If not in hospital, s	give street	oddress)		d. STREET					e. 15 I	RESIDENCE A FARM?
Cambridge Mo	d. Hospita	1			Camb	ridge	RFD # 3				NO 🗆
3. NAME OF DECEASED (Type or print)	William		Middle R.	•	Thomas	st	4. DATE OF DEATH	Mont Dec.		Day	Year 19 61
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARR	IED 🔲	B. DATE OF BIRT	гн	9.	AGE (In years	IF UNDER 1 Y		
Male	White	WIDOW	ED DIVORCI	ED 🔲	7/28/85	5		ost birthdoy) yrs.	Months Do	ys Hou	rs Min.
10a. USUAL OCCUPATIO	N (Give kind of work ng life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHP	LACE (Stote	or foreign count	7)	12. CITIZEI	N OF WH	IAT COUNTRY?
Fisherman			Fishing		(	Cambri	dge RFD	# 3	U.	S.A.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
Willi	iam R. Tho	mas			Anı	nie M.	Spedde	n			
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17. H	NFORMANT			Addre	955		
No	i yes, give war or durat or s		15-38-1151	Cl	arence !	Thomas	104	Dorche	ster A	ve. C	ambridg
PART I. DEAT	H [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o	10	ge for (o), (b), and (c)	20	- Ale	ne	rile	DOR		INSET A	BETWEEN ND PEATH
331>	DUE TO		04	_	1			y			1
Conditions, if on		)	cher	15	> de	0	nía				
gove rise to im										100	
lying couse lost.	(c	:)									
3 Dea	letes	M	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERMII	NAL DISEASE CO	ONDITION GIVE	EN IN PART 1(c	19. WA PER YES	FORMED?
200. ACCIDENT WAS OR CONTRIBUTING	UNDERLYING   CAUSE OF DEATH AEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRE	D. (Enter noture o	of injury in P	ort 1 or Port 11 o	of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	or 20d. It White of work	NJURY OCCURRED Not while		ACE OF INJURY ( story, street, offic			lown)	(Coun	ity)	(State)
21. I certify the	at I attended the	decease	ed from F2-	17	196/	_ ta_ /	2/22	196/	that I last	saw th	e deceased
alive on	12/22	19/	and that	death	accurred at		_M, fram th				
1	1' 200		1				ADDRESS (Street,				DATE SIGNED
ACTUAL SIGNATURE		1	eek.	1	M.D/ C	144	o cces	V 53	1	14	26/61
PHYSICIAN'S NAME (Type)	4. H.+	YA	NICS		0,	4-10	BRID	65	MA	1246	(MA)
220. BURIAL, CREMATION	1. 22b. DATE THEREC	OF .	22c. NAME OF CEM	ETERY O	R CREMATORY		22d. LOCATION	I (City, town, o	r county)	IS.	tote)
REMOVAL (Specify) Burial	Dec. 2h.	1961	Speddens	Ceme	terv		James.		1	Md.	
23. FUNERAL DIRECTOR'S			ADDRESS			240. REC'D	BY REGISTRAR	24b. REGIS	TRAR'S SIGNA		
LeCompte F	uneral Ser	vise	Cambride	e. M	ld.	DATEDEC	2 9 '61	Ux	Lun S. Th	AUA	

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### MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND DIVISION OF STATIST

ICAL	RESEAR	RCH A	ND RE	CORDS	- BA	ALTIMORE	1
CE	RTIF	ICA'	TF C	OF D	EA1	TH	

420MC

	13907		CERTIF	ICATE	OF DEATH	1		1.0	30/1	0
1. PLACE OF DEATH	ster		MARY		USUAL RESIDENCE (V	Vhere deceased		an: Residence	befare adn	nission)
b. CITY OR TOWN ( RURAL and give n	f autside carporate	e limits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	f autside corpo	orate limits, write R	URAL ond gi	ve nearest to	own)
KOKAL GESTE	Stown		9 mo		Patter	on		6'	7x -3	3
d. NAME OF HOSPI OR INSTITUTION	RFD 3	itol, give street Seafo		vare	d. STREET ADDRESS	rth 4t	th St.		ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type ar print)	Emna	First	Middle	Cscho	Lost pp	4. DATE OF DEATH	Dec	th ]	Day 2	Yeor 19 6 ]
S. SEX	6. COLOR OR R	ACE 7. MAR	RIED NEVER MARRIE	A-	Dec 12,	1885	9. AGE (In years last birthday) yrs.		YEAR IF UN Days Hau	rs Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of viking life, even if re	wark dane 10b. etired)	KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (Stor	te ar fareign c	auntry)	12. CITIZ	EN OF WHA	T COUNTRY?
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
Unitriown					Unknown	1				
15. WAS DECEASED EVE			SOCIAL SECURITY NO	. 17, INFO	RMANT	N. D. P. L.	Add	ress		
(Yes, no, or unknown)	(If yes, give war or dat	fes of service)	No	Mr	. Emil Kr	rupick	ta Gal	lesto	wn. I	d.
Conditions, if a	TH WAS CAUSED IMMEDIATE CAU	BY:	ise for (o), (b), and (c). ar Ciu	) sru	a Uter	rus				BETWEEN ND DEATH
CATIO	HER SIGNIFICANT	(c)CONDITIONS	CONTRIBUTING TO DEA					/EN IN PART	PER	AS AUTOPSY RFORMED?
			SCRIBE HOW INJURY O							
20c. TIME OF INJUI Hour a. m. p. m.	Y Month, Day	, Year 20d. While of wo		20e. PLACE factor	OF INJURY (Hame, fa ,, street, affice bldg., e	rm, 20f. (City	y ar tawn)	(Co	ounty)	(State)
saw the decea		pital) attended to the last of	ded the deceased		th accurred at	/ 1.10 L	the causes ar			
220. SIGNATURE	5.1	who	lman	M.D	PHYS.	MED. DIRECTOR	STAFF PHYS.		1.00	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	H.S.	Kul	1 fork d.	72	22d. ADORESS	epton	n m	ed.		
23a. BURIAL, CREMATIC REMOVAL (Specify		HEREOF -61	23c. NAME OF CEM	LO.WI	REMATORY		TION (City, town,	ar caunty)	2)	Stote)
24. FUNERAL DIRECTOR	'S SIGNATURE	ih o	harpton	a. n	,	C'D BY REGIS	TRAR 2Sb. REGI	STRAR'S SIG		

TO HAS ENTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. Page 4 me remained by the hospital or ottending physician.

TO FLAMERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death.

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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and the same of the same	na comunication Disperson			
testi guntant			SERVICE TO	
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				MARKEY, ALAS AND
	or		Notice of September 1	Teh dilast II.
		18.50		
			14 (m)	Vista XII

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATI 1. PLACE OF DEATH a. COUNTY Page ral director. Page of for your files. Board of Hoalth, a. STATE Dorchester Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Life Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Cambridge Md. Hospital ained (D.O.A. R.F.D.# State 3. NAME OF Middle 4. DATE DECEASED OF Page 5 may be rees 1 and 2 with the hin 72 hours after c (Type or print) Henry Whittington DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH and Male Negro DIVORCED June, 11, WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Laborer Maryland Carpentry pages | within PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Whittington Ernest File Mary L. Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordatasofsarvice) permit. with Mary J. Whittington Item Yes WW 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). Office along burial-transit p PART I. DEATH WAS CAUSED BY: and Carbon Monoxide poisoning in pencil IMMEDIATE CAUSE (a) removal, **DUE TO** pluods Conditions, if eny, which (b) "pending" gava rise to immadiate causa SO Examiner's DUE TO (a), steting the underlying 50 cousa last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION Medical Exshould be Pe 20a. EXTERNAL CAUSE WAS the Ch. Page 3 sn. PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. ase execute the certificate, writing hould be forwarded to the Chief / FUNERAL DIRECTOR: Page 3 s 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Not While Hour a.m. While prior at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X ... Inspection agent, Accident X death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL should be for ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER K EXAMINED'S John Mace Jr. NAME (Typa) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Burial East New Market Cemetery Q 4 0 23. FUNERAL DIRECTOR ADDRESS VS. A15ME Herbert St. Clair Cambridge, Md. 5M 9/60 DATE JAN 1 5 '62

DATE SIGNED

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Dorchester c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM?

YES NO X Month Dey Year 31 1967 Dec. 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months 110 yrs. 12. CITIZEN OF WHAT COUNTRY?

U.S.A. Whittington, Camb., Md

Address R.F.D.#2 Cambridge, Md. ONSET AND DEATH

PERFORMED? YES K NO P 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.)

20f. (Clty or town) (County) (Steta)

Inquiry and in my opinion Undetermined manner

> Cambridge. Address (Street, city, town, or county)

22d. LOCATION (City, town, or country) Dorchester Co., Md.

240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE arthur & Henry

The Boy State Solles Deep Letter

COLUMN TO THE RESIDENCE OF THE PARTY OF THE 

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	13910		CERTI	FICA	TE OF E	DEATH	1		Reg. Dist	No.38	877
1. PLACE OF DEATH					2. USUAL RESID	DENCE (Wh	ere decease	d lived. If instituti		before ad	Imission)
	rchester Co.			LAND		Md.			Dorch		
RURAL ond give	(If outside corporate limit nearest town)	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR 1	TOWN (If o	utside corpo	prote limits, write R	URAL ond gi	ve nearest	town)
Cambridge			56 Years		/ Cambr		Md.				
	PITAL (If not in haspital, gi		address)	-	d. STREET A					0	RESIDENCE N A FARM?
	e Md. Hospi					ridge		2 Md.		YES	з 🖳 ио 🗆
B. NAME OF DECEASED (Type or print)	Firs Ethel	1	Middle Elzey		Wille		4. DATE OF DEATH	Mon	ith	Dey	Year
. SEX		7			. DATE OF BIRTS	U	DEATH	Dec.	LE LINIDED 1	26,	19 61 NDER 24 HRS.
Female	White	WIDOW	RIED NEVER MARRI					9. AGE (In years last birthday)		ays Ho	The second secon
			Project		Dec. 6,		ar foreign o	75 yrs.	lia citiz	ENI OF W	HAT COUNTRY?
during most of we	ION (Give kind of work dorking life, even if retired)	100.		/K 1140031				.comry)			
3. FATHER'S NAME			None		14. MOTHER'S	MAIDEN N				U.S.A	
	as Elzey						I CANE				
	ER IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO	17. IN	FORMANT	TOWIT		Add	7011		
(Yes, no or unknown) NO	(If yes, give wor or dotes of se	rvice}	None		s. James	Danet					
	EATH [Enter only one car	ue per li			o value:	) Dul (	JOH	Cambrid	ge, ma		L BETWEEN
	ATH WAS CAUSED BY:	se per in	(c), (c), (d), (d)	1	0		4				ND DEATH
200.1	IMMEDIATE CAUSE (o)	-	Accord	ary	wru	m	<u></u>			1	his
Conditions, if	and orbital V		LYMF	40	MA					2	yes
gove rise to	immediate (										
lying couse lost	The under-										
PART II. O	THER SIGNIFICANT CONE	OITIONS (	CONTRIBUTING TO DEA	ATH BUT N	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	PE	AS AUTOPSY RFORMED?
OR CONTRIBUTION	VAS UNDERLYING OF CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	(Enter nature o	f injury in P	art I ar Por	t II af item 18.)			
20c. TIME OF INJU		While	NJURY OCCURRED	20e. PLA	CE OF INJURY (I	Home, farm bldg., etc.	20f. (City	y or town)	(Ca	unty)	(State)
		of wor	0	0 '	19.1960	D . D	11.0	1	/		
alive an	that I attended the	aeceas	1 1	1-4		1 ( )		6 , 196			
dive di	7.55	_, 17_3	-1-,-, and mar	deam	occurred ar_			n the causes of treet, city or town,		date st	DATE SIGNED
ACTUAL SIGNATURE	alfred K	Jr.	randens	1	.D/	36	RAC	- 10			12/22/
PHYSICIAN'S	ADEDE	- b	00			C 00			<i>n</i>		
NAME (Type)	11 21 12		K. MARYI			~ /5/		1064	UD		
REMOVAL (Specif	y)		22c. NAME OF CEMI					TION (City, town, o	ar county)	(	State)
Burial  3. FUNERAL DIRECTO	Dec. 29.	1961	. Dorcheste	r Me	n. Park	04 0551		ridge,	Md	LATURE	
	Funeral Serv	rice	Cambridge	. Md			BY REGIS		STRAR'S SIGN		
LE COMID CE	I MIGLAT DEL	TOG	Campi Tage	9 1117	•	DATE) FC	296	Class	Lug & 42		

O COSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4 be retained by the haspital or attending physicion.

O CONTRACTOR: After this certificate has been signed by the attending physicion and camplete, ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 1SM 9/SS MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		Company	F-1	PT - DK I		
I March Con	rga traditional in a court		1764			

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and control a

15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12014 CERTIFICATE OF DEATH
13878

1. PLACE OF DEATH 6. COUNTY	Dorchester	MARYLAND		CE (Where decessed lived, If yland b. COU.		
b. CITY OR TOWN (if	outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corporete limits, writ		
write RURAL end	give neerest town)	O la	10			
A MAME OF HOSPIT	Federalsburg AL OR INSTITUTION (if not in ho	2 hours		bridge		IS DECIDENCE
d. NAME OF HOSFIE	AL OK INSTITUTION (IF NOT IN NO	spilei, give street eddress)	d. STREET ADDRESS			IS RESIDENCE     ON A FARM?
	Academy Ave.,		116	Glenburn Ave.		YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE Mont	h Dey	Yeer
(Type or print)	Herbert	Olin	Willey	DEATH December	26 1961	19
S. SEX	6. COLOR OR RACE 7. MARRI		, DATE OF BIRTH			IF UNDER 24 HRS.
Male	White widowi		ebruary 2,18	lest birthdey)		Hours Min.
IOe. USUAL OCCUPATI	ON (Give kind of work   10b. I	CIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Cour		12. CITIZEN OF	WHAT COUNTRY?
Retired Truc	king life, even if retired)  ck Driver County	Roads employe	e East New	Market, R.D.	U	J.S.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Jame	es H. Willey		Emma Ja	ne LeCompteb		
	R IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17.		Addres	S	
No No	yes give wer or detes of service)	20-16-7637 Mrs	.Ethel Kirwa	n,112 Glenbur	n Ave., Car	abridge,Mo
	EATH [Enter only one cause per			10.00.0	INTE	ERVAL BETWEEN
	MMEDIATE CAUSE (a)	ORONA	RY IA	ROMBOS	13 11	VSTAN
1450	DUE TO			F. 11 - 12 - 13 - 13 - 13 - 13 - 13 - 13 -		, - , , , , ,
Conditions, if eny,						
geve rise to Immedia (e), steting the un	DIFFE					
couse lest.	(c)					
PART II. OTHER  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	SIGNIFICANT CONDITIONS COIL	NTRIBUTING TO DEATH BUT NO		NAL DISEASE CONDITION GI		PERFORMED?
200. ACCIDENT WA	S UNDERLYING   206. DES	SCRIBE HOW INJURY OCCURED		Pert I or Pert II of item 18.)	1.	
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)					
		INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, fern	n, ' 20f. (City or town)	(County)	(Stete)
20c. TIME OF INJUI	While	(. )	ory, street, office bldg., etc		(County)	(21919)
Ę p.m.	19 et wo					
21. I certify th	at (I) (this hospital) atten	ded the deceased from	3/3/	1949 to 190	C1; 19.6 , th	nat (I) (we) last
saw the decease	1000	- 1 1	- /	30, Pfrom the causes		te stated above
220. SIGNATURE	Jun	4 2 "		MED. STAFF PHYS.	2	22b. DATE SIGNED
22c. PHYSICIAN'S, NAME (Type	V, E. Gu	NIBY UR	22d. ADDRESS	CHURCH	+57	
3e. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county)	(Stete)
REMOVAL (Specify)	Dec.29,1961	Dorchester Mem	orial Park	Cambridge, M	d.	MD
A SUNISPAL DIDECTOR		ADDRESS		C'D BY REGISTRAR 256. RE		LIRE
4 FUNERAL DIRECTOR	103P					
Lunell	1. Juoure	Cambridge	Md. DATE J	All a UZ	withun S. Hou	LA

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